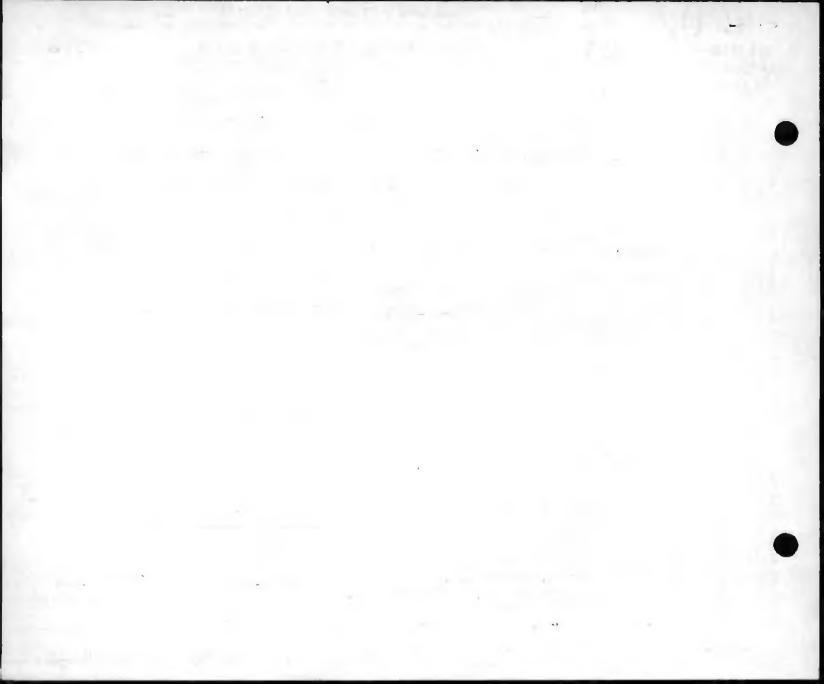
0. 1-2	-	Division of STATISTICAL RESEARCH AND F	ECORDS, 301 W.	PRESTON STREET, BALTIMOR	E, MARYLAND 21201
FOR-STATE		16125 MEDICAL EXA	MINER'S CER	TIFICATE OF DEATH	12115
EAVIH-DEPT.	1.	LACE OF DEATH	2. U	ISUAL RESIDENCE (Where deceased live	d, if institution: Residence befare admission)
m 0 6 1 - = =		LACE OF DEATH COUNTY WICOMICO CITY OF TOWN If outside corporate limits	O.	. STATE	b. COUNTY
PM3. Pege	-	WICONIICO	MARYLAND	Maryland	Wicomico
2, ond 3, p.m.s.		COUNTY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	STAY IN ID C. CI	IIT OR IDWN (It autside corporate limi	ts, write RURAL and give nearest town)
PM3 PM3 Frer fter		Salisbury		Salisbury	23-/
F 17		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addre	ess) d. S1	TREET ADDRESS	e. IS RESIDENCE
th. If a light of the light of		Peninsula General Hospital		300 Pond Stre	ON A FARM?
Pages Vith for Strate	3	TAME OF First Mid	dia di	Lost 4 DATE	Month Day Year
hours after deoth. If tem 18. Give Pages Office olong with far ond 2 with the State	-	DECEASED		OF	
Give Give wing which the the thin 7	5.				ovember 7 19 67. (In years IF UNDER 1 YEAR IF UNDER 24 HR
after 8. Gir olong with with		A TOUR OF THE PERSON OF THE PE		last	birthday Months Days Hours Min
18 2 V		Male White WIDOWED DI	VDRCED Octo	ober 25, 1911 5	6 YIS.
hours Item 1 Office I.ond 2 event		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES:	OR 11.	BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	3	ng mastal warking life, even if retired) Quip operator Creosote p	lant Wi	comico County, Ma	ryland USA
	13.	FATHER'S NAME		MOTHER'S MAIDEN NAME	
		Frank Adkins	Ma	ry Elizabeth Smul	1.00
f win per Exor		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	ND. 17. INFORM	MANT	Address
ted in it	(Ye	no, ar unknawn). ((If ves give war ar dates af service)	Mrs	MANT • Virginia Adkins	(Wife)
nding" in Medical permit.		No 220-10-96	23 300	Pond Street, Sal	isbury, Maryland
ofe should be executer g the word "pending" ed to the Chief Medicol s o buriol-tronsit permit. cremation, or removal,		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY:	.) . 0		INTERVAL BETWEEN
in pour or or		DALLA IMMEDIATE CAUSE (o) V. euton	<u> </u>		all the state of t
should be a word "per or the Chief ! buriol-tronsit mation, or re		TUTY DUE TO O I D	0.	- 00 00	0 0
th we arion		Canditians, if any, which gave) (b) Your	- of w	many Bludde	dunce
the sh the 1 to 1 to 0 bu		rise to immediate cause (o), stating the underlying cause DUE TO			
firot ing ded ded os o		lost. (c)	1	1	1
writing writing rworded sed os o		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT PELATED TO THE TER	PMINAL DISEASE CONDITION GIVEN IN E	ART 1(a) 19. WAS AUTOPSY
verifi orwol used burio	NO	TAKE II. STILL STORM CARD CONDITIONS CONTRIBUTION TO DEATH DUT IN	OT RESPUED TO THE TEN	AMINAL DISEASE COMPINION SIVEN IN 1	PERFORMED?
hi be	CERTIFICATION	20a. EXTERNAC CAUSE WAS 20b. DESCRIBE HOW IN	HOV OCCUPATED IT		
00	RTIE	PRIMARY Por CONTRIBUTING	UKT UCCURRED. (Enter I	nature of injury in Part I or Part II of	item IB.)
es.		CAUSE OF DEATH.	of my		
sh fill sh ent ent ent	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	8 1 1	INJURY (Hame, form, 20f. (City eet_office bldg., etc.)	or town) (County) (State)
AN e the the the the the the the the the t	ME	Hour a.m. 11 4 19(7) While at work at work		eer office bidg., etc.)	they were my
ILPFAL EXAMINER: sose execute the certificator. Page 4 should oined for your files. IRECTOR: Page 3 should designated agent, pri		21. I certify that I took charge of the remains describ		Autopsy X, Inspection X	X Inquiry XI, and in my opini
To for		death resulted 18m: Natural couses . Acciden	_ 3		rmined monner
MELT. leose e director stoined DIRECT s design		Som tosonos de la companya de la com	- Colodo L	CHIEF MEDICAL EXAMINER	THINGS HOUSE [
And direction of the part of t		ACTUAL GOLD		PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	22. DATE SIGNE
rol di e ret e ret ALD		EXAMINER'S Earl L. Royer, M.D.	M.D.	DEPUTY MEDICAL EXAMINER X	November 9 /1967
Ssory, property on the or ith			m. M.J	Address (Street, city, town, or cou	
ro DEPUTY MEMALAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health or its designated age	22-	The state of the s	F CEMETERY OR CREMAT		I (City or Tawn) (County) (State)
nece the 5 m O FU	230	REMOVAL (Speciful			The same transfer that
	-		e Cemetery	Oriole	Maryland 25b. REGISTRAR'S SIGNATURE
VR A15ME (5)	24	FUNERAL DIRECTOR ADDRE		2So. REC'D BY REGISTRAR	ZSD. KEGISIKAK S SIGNATUKE
6M 1/66		HOLLOWAY & COMPANY, SALISBURY,	MARYLAND	PNOV 1 0 1967	Ochazela Judio
					"



Bon :			20170	CERTIFICATE	OF DEATH		2.02.20
deeph and rr death		1. 1	LACE OF DEATH L. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla	here deceased lived, if institution: Ries b. COUNTY	esidence before admission)
24 haurs after d in by the fapers. Pages			o. CITY OR TOWN (If outside corporate limit write RURAL and give nearest town) Sallsbury I. NAME OF HOSPITAL OR INSTITUTION (If ne	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our Baltir	side corporate limits, write RURAL an	e. IS RESIDENCE
The second	20		Peninsula Gen	neral Hospital	3403 Sout	thern Ave.	ON A FARM? YES NO K
etely ferban arban it, with		1	NAME OF FI DECEASED Richard Type or print)	Herman Alt	enburg	4. DATE Month OF DEATH NOVEMBE	R 17 19 67
e executed with and campletely tremove carban any event, with		5. 5	MALE WHITE	7. MARRIED X NEVER MARRIED 1	8. DATE OF BIRTH 9/25/07		INDER 1 YEAR IF UNDER 24 HRS onths Days Hours Min.
icate be ex sician and please rem II, and in an		10a. duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Burner	lob. KIND OF BUSINESS OR INDUSTRY Beth. Steel	11. BIRTHPLACE (County & Maryland	State, ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
th certificating physic Then ple removal, a		13.	FATHER'S NAME Richard Altenb		AnnaMay		
ie death certificate b attending physician permit. Then please ion, ar removal, and		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war ar dates of		NFORMANT Mildred E.	Address Altenburg-34	Ave 03 Sputhern
that than the by the transit premati			18. CAUSE OF DEATH (Enter only one coupant I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Conditions, if any, which gave	E (a) Myocaedeal	Inface	6	INTERVAL BETWEEN ONSET AND DEATH
e law requires tending physici as been signed as the burial- priar ta burial,			nse to immediate couse (o), stating the underlying couse last.	(b)			
e he use	3	FICATION		CONTRIBUTING TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO
Se at le la		CERT	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.			
VG PHY the hare this ce detach ate Dept		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While - Not While - Fact	CE OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
TENDII ined by DR: Aftr auld be the Str			saw the deceased alive an_	ispital) ottended the deceased from	t death occurred of	2 43/A M, fram causes and	
may be reta RAL DIRECT r, page 3 sh be filed with	1		220. SIGNATURE LO LLU 220. PHYSICIAN'S NAME (Type)	A. Elles M.		MED. OTRECTOR STAFF 2	2b. DATE SIGNED
Page 4 may b TO FUNERAL D director, page	0	230	Burial, (REMATION, REMOVAL (Specify) Burial 11/21			23d. LOCATION (City or Town) Baltimore	(County) (Stote) Maryland
VR A15 (4) 20 M 1/60	A	24	FUNERAL DIRECTOR Robert C. Alten 6009 Harford Rd	ADDRESS	, Inc 25a. REQD		AR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 16127 16117

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where deceased lived, If inst b. COUNTY	itution: Rasidence bafore adm	ission)
Wicomico	MARYLAND	Mary		Wicomico	
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)	c, LENGTH OF STAY IN 16		f outsida corporata limits, writa RL	JRAL and give naarest fown)	-
Salisbury			sbury	32	1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	lel, give street address)	d. STREET ADDRESS		IS RESID ON A F.	
R.D.#5, Brickyard Ro	The second secon		#5, Brickyard Ro	oad YES N	0
3. NAME OF First DECEASED (Type or print) JOHN	Middle LLOYD	ANDERS ON	OF Novembe	Pay Year er 10 1967	,
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years IF		-
Male White WIDOWED		ebruary 25,	1933 34 yrs. M	onths Days Hours	Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Retired Auto Mechanic	ID OF BUSINESS OR INDUSTR		, Maryland	12. CITIZEN OF WHAT COU	JNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		•	-
Earl Charles Anderson		Virginia S	Shockley		
		NFORMANT	Address	-)	-
No (Ifyesgivewarordatesofservice)			A. Anderson (Wif bury, Maryland	e)	
18. CAUSE OF DEATH [Enter only one couse partin		ים ביווט פעדום	our y , mar y raina	INTERVAL BETWE	
PART I. DEATH WAS CAUSED BY	20 mms	m 10.	^	ONSET AND DEA	1/2
IMMEDIATE CAUSE (n)	July 1	01		600	1.
Conditions, if any, which	11/100	2010	wer	Andela	in
gave rise to Immediata couse	-UN COURS	1			200
(a), stating the underlying DUE TO		L			
	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUT	OPSY
OF THE PERSON NAMED IN COLUMN TO THE				PERFORM	AED?
200. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURED	. (Entar nature of injury in	Pert I or Part II of item (B.)	1103 🔲 110	- LAJ
OR CONTRIBUTING CAUSE OF DEATH					
20c. TIME OF INJURY Month, Day, Year 20d. If While Mour a.m. While Morth 19		CE OF INJURY (Homa, farr lary, streat, offica bldg., atc		(County) (St	lata)
p.m. 19 al work	at work	10.	111	t	
21. I certify that (I) (this hospital) attend	ed the deceased from!	Jone.	196.6 to / Color	, 19, that (I) (we	e) last
			M, from the causes an	d on the date stated a	bove.
22a, SIGNATURE	4		MED, STAFF	22Ь. [
Harroll.			DIRECTOR PHYS.	and the second s	/196
22c. PHYSICIAN'S		22d. ADDRESS			
NAME (Typh) Dr. E. A. Purnel	. 1	652 W. Ma	in Street, Sali:	sbury, Marylar	nd
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State	a)
Burial Nov. 14, 1967	Wicomico Memo	rial Park	Salisbury, Man	ryland	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256, REGIS		
HOLLOWAY & COMPANY, SALIS	BURY, MARYLAN	D DATE N	OV 1 5 1967 Pt	Mantey Judge	
		- Alle			

TELL T SH PRI term billeben to hear por little San ry tall by today lack of the first A Vegation of the Harden Parket bout your light of the light of water and the man on the same

	Division of STATISTICAL	RESEARCH AND RECOR	D2, 301	M. PRESION STREET,	BALLIMORE, MARYL	AND 21201	0 1 1 0	
	16129	CERTIF	ICATE	OF DEATH		L	6119	
	PLACE OF DEATH O. COUNTY Wicomico	MARY	LAND	2. USUAL RESIDENCE (When	d b. coun	Wicor	nico)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Sallsbury	c. LENGTH OF STAY IN	N Ib	c. CITY OR TOWN (If outside Hebron	corporate limits, write RUF	RAL and give ne	orest tawn)	7
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street address)		d. STREET ADDRESS			e. IS RESIDE ON A FAR	
	Peninsula Genera	al Hospital		103 E.	Church Stree	et		0 🗌
		Middle LEE ARRIED NEVER MARRIED		DATE OF BURTH	DATE OF DEATH Novemb 9. AGE (In years lost birthdoy)	,	AR IF UNDER 2	7
dur	Uh, Te WI. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 1ach ine operator FATHER'S NAME	DOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY Packing Compa		Dril 15, 1882 11. BIRTHPLACE (County & Ste Mardela, Ma 14. MOTHER'S MAIDEN NAM	ote, or foreign country)	12. CITIZEN COUNTI USA	OF WHAT	
- 7.	Theodore Bailey				beth Bennett			
15	WAS DECEASED EVER IN U.S. ARMED FORCES? es po, or unknown) [If yes give wor or dotes of servi	(e) 16. SOCIAL SECURITY NO. 212-09-2169	Mr Mr Mr	NFORMANT s. Nellie B. s. Virgie B.	Addre	22.6	debron,l	Md.
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c).)	ميا				ONSET AND DEA	
	Canditions, if any, which gave (b)	ASC V.D						
	rise to immediate couse (a), stoting the underlying couse (c)							
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CONDITI	ION GIVEN IN PART 1(o)		19. WAS AUTOP PERFORMED YES N	oy OV
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in Part	I or Port II of item 18.)			
MEDICAL	20c. TIME OF INJURY Manth, Doy, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED While Not While of work of work	focto	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City ar town)	(County) (St	lote)
	21. I certify that (I) (this hospital) sow the deceased alive on//-	attended the deceased	from/ond thot	1/-22-67,19 death accurred at <u>5</u>	to 1/- 27-	and on the	, thot (I) (w dote stated	e) la abov
	220 SIGNATURE		M.D	ATTENDING - MEI		22b. DATE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled-sized director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon adpers. Should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 27th VR A15 M

230. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR

PHYSICIAN'S NAME (Type)

Hebron Cemetery
ADDRESS HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Nov. 30, 1967

23b. DATE THEREOF

Fitzgerald

23c. NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR 1967 DARFC

Center.

22d. ADDRESS

Medical

25b. REGISTRAR'S SIGNATURE

(County)

Maryland

(State)

Salisbuty,

Maryland

23d. LOCATION (City or Town)

Hebron,

Sent to 10 July 10 Start 10 Start

as to our they may be the total

8-11-

1000

612 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 16 CERTIFICATE OF DEATH

1. PLACE OF DEATH		ere deceased lived, if institution: Residence	e before odmission)
o county Wicomico	MARYLAND O.STATE	and b. county	Wico
b. CITY OR TOWN (If outside corparate limits, c. LENGTH	(11/24/6	de corporate limits, write RURAL and give	neorest town)
with RURAL and aive nearest town)	Sp. 15 113 . 100	KINS LANCE	3.9-7
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street or	dress) d. STREET ADDRESS	NINO LAW	e. IS RESIDENCE
		ou soal	ON A FARM?
Peninsula General Hospi			YES NO
3. NAME OF DECEASED (Type or print) SAJE SAJE SAJE	Aiddle BARCKEY	4. DATE Month Month OF DEATH NOVEMBER	2/ 1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED B. DATE OF BIRTH		YEAR IF UNDER 24 MRS. Days Hours Min.
FEMALE NEGRO WIDOWED N	DIVORCED 1001-25-191	99 Syrs. Wollins	Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSH	ESS OR 11. BIRTHPLACE (County 8.	State, or foreign country) 12. CIVI	ZEN OF WHAT
10c. USUAL OCCUPATION (Give kind of work dane during mast of warking life, even if refired) 10b. KIND OF BUSING INDUSTRY	in formances	S ANNE II	NIRYS. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA		, J, M.
JOHN Wesley BAREKI	BY MARYU	DAJERS	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. INFORMANT	A Address	IA AVE
(Yes, no, or unknown) (If yes give war at dates of service)	-3483 SADIE WAL	KER WEST ROAD	- SAlis
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and	(0)20		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Carcinonatorio - Pura	allmen -	ONSET AND DEATH
1621 IMMEDIATE CAUSE (a)	A COLOR PROPERTY AND A STATE OF THE ASSESSMENT O	9	,
Conditions if one which name a	· ·		17R.
rise to immediate couse (o),			
stating the underlying cause			
last. (c)		Line over him and the	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	PERFORMED? YES NO
20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	INJURY OCCURRED. (Enter nature of injury in Pa	rt I or Part II of item 1B.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d. INJURY OCCUI While at work of the state of the	hile foctory, street, office bldg., etc.)	20f. (City or tawn) (Caur	nty) (State)
21. I certify that (I) (this hospital) attended the d		67-ta 11-21 196	7. that (I) (we) Ins
saw the deceosed alive on 11-21 19	67, and that death accurred of	17 A.M. from couses and on the	e date stated above
22g. SIGNATURE		22b. DA	TE SIGNED
D.W. Just	M.D. PHYS. D	NED. STAFF IRECTOR PHYS.	11-21-67
22c. PHYSICIAN'S	22d. ADDRESS	THIS.	,, 0,
NAME (Type)			
DO - DUDING COCKNOCKS DO DATE THEREOG DO - NAME	E OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
PEMOVAI (Spaciful)		Gall	(Side)
DURIBL 11003-61 ORG	E SIN HIRES	OHIOS DURY M	CHATHDE
24. FUNERAL DIRECTOR JOSEPH Jersey 1: AD	· make him	BY REGISTRAR 2Sb. REGISTRAR'S SIG	ONATURE O

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after deat

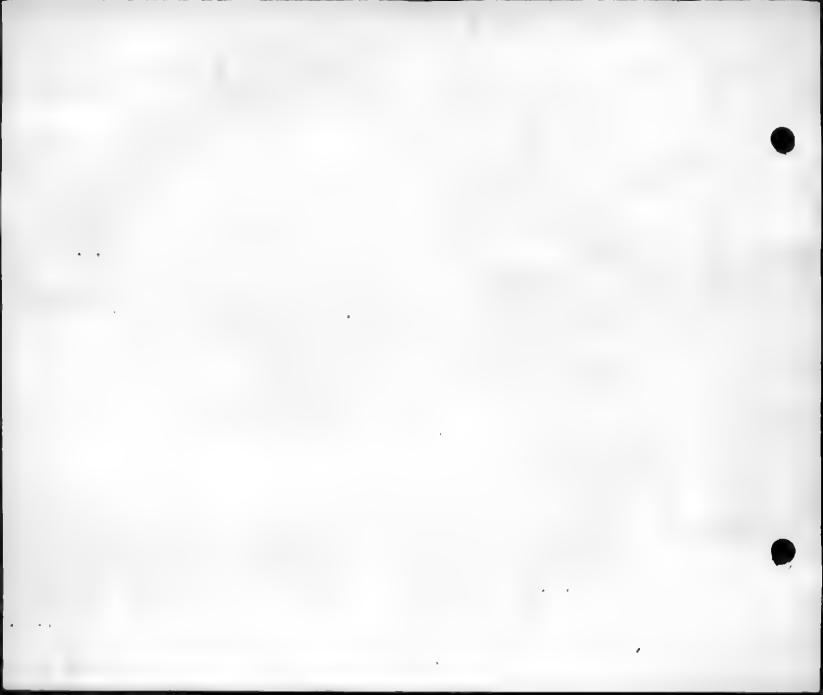
Page 4 may be retained by the haspital ar attending physician.

VR A15 20 M 1/

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE	OF DEATH	- ^ J	120
). PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived,		before odmission)
o. COUNTY Wicomico	MARYLAND	a STATE Maryland	b. COUNTY Balt	imore
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits,	write RURAL and give n	earest town)
write RURAL and give nearest town) Salisbury	5,415 days	Baltimore		
d NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Deer's Head Sta		3649 Rockdale	Terrace	YES NO X
3. NAME OF First	Middle	Last 4. DATE OF	Month	Day Year
(Type or print) LOUIS		DERMANN JR DEATH	11	14 19 67
S SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED 🛣 🛚	B. DATE OF BIRTH 9 AGE (In lost bil	yeors IF UNDER 1 YI thdoy) Months D	ear IF UNDER 24 HRS oys Haurs Min
M Mind	OWED DIVORCED]	10/2/1908	yrs	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IOb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign coun	try) 12. CITIZE	EN OF WHAT
None	Vone	Baltimore, Md.		S.A.
13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Louis M. Biedermann	1	Mary Christine F	3999	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, grunknawn) (if yes give war ar dates af service	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address 1645	Waverly
NO NO CIRCLE WITH YES GIVE WITH UT DUTES OF SELVICE	Mr.	& Mrs. John Sonde		Way
1B. CAUSE OF DEATH (Enter only one cause per li	ne far (a), (b), and (c).)			INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pulmonary conges	tion		ONSET AND DEATH
DUE TO				
Candit ans, if any, which gave) (b)	Chronic valvulit	is (mitral)		Years
rise to immediate couse (a). DUE TO				
lost (c)	Chronic rheumato	id arthritis		Years
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a)	19 WAS ALTOPSY
Above-knee amputation	n, right			PERFORMED?
Above-knee amputatio 200 ACCIDENT WAS UNDERLYING 200 ACCIDENT W	Ob. DESCRIBE HOW INJURY OCCURRED	Enter nature of injury in Part 1 or Part 11 of ite	n 18)	
Haur o.m.		E OF INJURY (Home, farm, 20f (City ar ary, street, office bldg., etc.)	tawn) (Count	y) (State)
21. I certify that (1) (this haspital) of	ittended the deceased fram J	anuary 16, 1953, to Nove death occurred at 8:20 AM, fram	ember 14,1967	, that XI) (we) last
	ber 14 19 67, and that	death occurred at 8:20 A.M., fram	causes and on the	date stated obove.
276 SIGNATURE	77	ATTENDING MED ST	22b DATE	
Chorre	Lec M.D	PHYS DIRECTOR PH	YS X 11/1	4/67
22c PHYSICIAN'S NAME (Type) C. H. Winnaco	1.1 36 Th	22d ADDRESS		Maryland
NAME (Type) C. H. Winnaco	tt, M.D.	Deer's Head State	lospital, S	alisbury
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR 1		, ,	ounty) (State)
REMOVAL (Specify) Burial 11/17/67	Parkwood	Parkvil	lle, Balte	o.Co.,Md.
H.W. Jenkins & Sons Co	2230004	ad 250. RECEISTRAR 194	256 REGISTRAR'S SIGN	NATURE
	The TO MA	DATE	11 & liane	Sa Verda

ers Pages I and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be exercited within 24, wours after death. death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #6 Film #G395 11/22/57 wh

05131	CERTIFICATI	OF DEATH		73127
1 PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, if institution: Re-	
o. COUNTY Wicomico	MARYLAND	MARY MARY	LAND SOMEKS	SET /
b. CITY OR TOWN (If outside corporate limits	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If aut	side carporate limits, write RURAL and	give nearest town)
Salisbury		DAMES QU	ARTER	1, -
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospita	l, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Peninsula General H	ospital			YES NO 🔀
3. NAME OF DECEASED	Middle	Z Last	4 DATE Month	Doy Year
(Type or print) AIM	<u>M</u> ,	loogman	DEATH November	8 19 67
S SEX 6 COLOR OR RACE 7 MARRIE	W	8 DATE OF BIRTH	last hirthday) Mont	hs Doys Hours Min.
MALE - White WIDOWE		MARCH 6,18		2 CITIZEN OF WHAT
10a USUA, OCCUPATION (Give kind of work done during mast of working life even if reflect) WATERMAN	KIND OF BUSINESS OR INDUSTRY			COUNTRY?
		DAMES OU		U.S.A.
13. FATHER'S NAME				
F'RED C. BOZMAN 15 WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17	CECILIA INFORMANT	JUNES Address	
(Yes, na, or unknawn) (If yes give wor ar dates af service)		S ADA BOZM		RTER, MD.
18. CAUSE OF DEATH (Enter only one couse per line		O ADA DODA	HI DAMED WOAL	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY.	utminder (mpliner	- 1	ONSET AND DEATH
IMMEDIATE CAUSE (o)	- III	Jan Janes	77	
Conditions, if any, which gave) (b)				
rise to immediate couse (a), DUE TO				
lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
OILA				YES NO
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	ort I ar Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
= initial insolut mannel sell term		ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f (City or town)	(County) (State)
Dilli Ul V	vark 🔲 at work 🔲		· On	
21. I certify that (I) (this haspital) att	ended the deceased fram_	cica,	96/2 to //iv.	19 <u>6</u> , that (I) (we) la:
saw the deceased glive an 77 (2)	1962, and the	at death accurred at		on the date stated above b. DATE SIGNED
	åå.		MED. STAFF	U. DATE SIGNED
20 PHYSICIAN'S	"	D. PHYS 22d ADDRESS	DIRECTOR L. PHYS. L.	
NAME (Type) DAVID J. GI	mare	Medical	Center SAlishui	ey William MARYLAN
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
BURIA(Specify) 11/11/196	7 FAMILY CEM	ETERY	DAMES QUARTE	
24. FUNERAL DIRECTOR	ADDRESS	2Sa REC'D	BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE

1967

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled it director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban, paper should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 Page 4 may be retained by the hospital or attending physician. VIII A15 (4) 20 M 1/66

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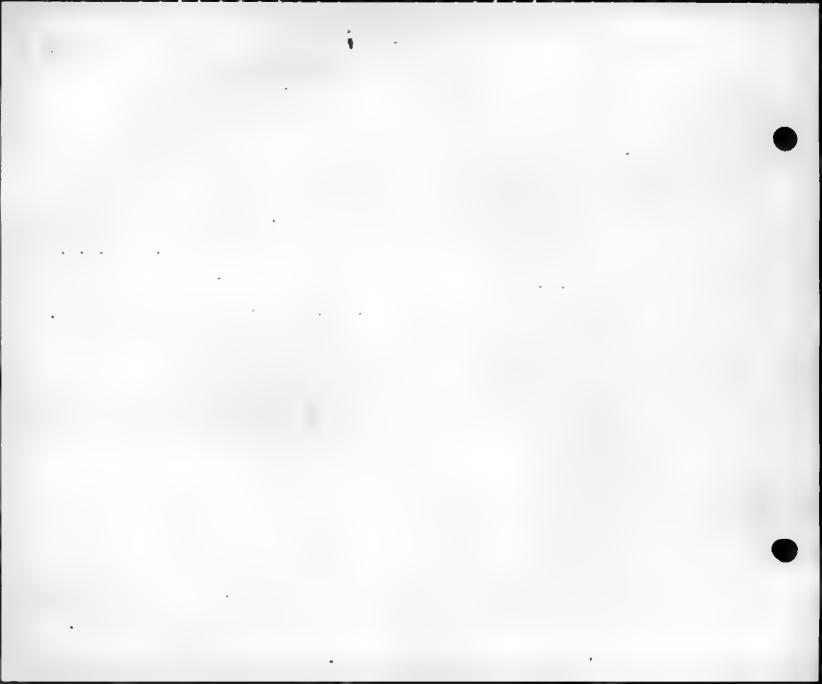
R. WILSON

PRINCESS

ANNE,

TO HOSPITAL OR ATTENDING PHYSICIAN: The New requires that the death certificate be executed within 24 haur

haurs of



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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urs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after-death

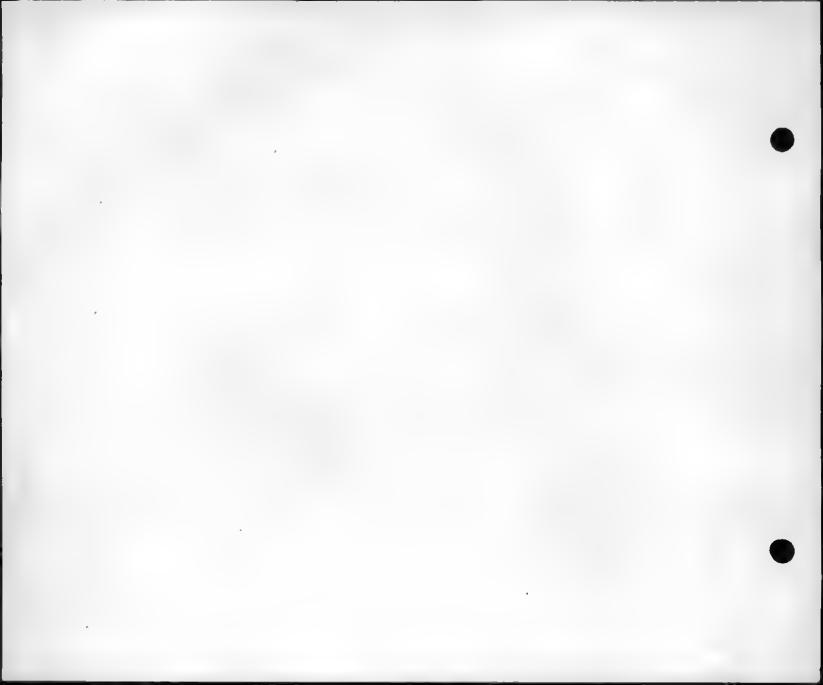
Page 4 may be retained by the haspital ar attending physician.

VIII A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fifted in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers. Shou doe filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 h

CERTIFICATE OF DEATH

L				CERTITI	CAIL	OI DEAIII						
T.	PLACE OF DEATH o. COUNTY	Wicomico		MARYLA	ND.	a. STATE Mary 1	Vhere dec and	eased lived, if institut b (OU)		ce before		on)
	b City OR TOWN (write RURAL an	If outside carparate limits, digine peacest town)		c LENGTH OF STAY IN 50 days	16	CITY OR TOWN (If ou Easto	tside carp	arate umits, write RU	RAL and give	neorest	town)	,
		TAL OR INSTITUTION (If not in Deer's Head S				d STREET ADDRESS Rt. #3	В, Вс	x 182			IS RESII ON A F	
3	NAME OF DECEASED (Type or point)	First ALBERT		Middle PERRY	BRI		4. DAT	тн 11		Dαγ 21		67
	sex Male	37 - 0222.0		NEVER MARRIED DIVORCED		DATE OF BIRTH 0/9/1881		9. AGE (n years last birthday) es	Months Months	Days	Haurs	R 24 HRS. Min
TO:	o USUAL OCCUPATION ring most of working	N (Give kind af wark dane life, even if retired) CER	10b. KIN IND	D OF BUSINESS OR USTRY 110		11 BIRTHPLACE (County) Talbot		-	12 CIT COI	IZEN OF UNTRY?	WHAT USA	
13	. FATHER'S NAME	s Brice		·		14. MOTHER'S MAIDEN N		ks				
15 (Y	WAS DECEASED EVE es, no, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates of ser	vice)	known		iformant acheal Bri	ce-	Addre 212 Sout		. E	ast	on
	18. CAUSE OF D PART I. DEA	EATH (Enter only one cause por TH WAS CAUSED BY: IMMEDIATE CAUSE (a)			chop	neumonia, b	ilat	eral		INTE	RVAL BET EL AND D Days	WEEN SEATH
	Conditions, if any	, which gave) (b)	Fol	lowing Cer	ebra	l Vascular	Acci	dent		2	mon	ths
	stating the unde	orlying cause (c)_										
ATION	PART II. OTHER SI	IGNIFICANT CONDITIONS CONTR	BUTING TO	DEATH BUT NOT RELAT	TED TO TI	HE TERMINAL DISEASE CON	IDITION G	IVEN IN PART 1(a)			WAS AUTO PERFORM S 🔀	OPSY NED? NO □
L CERTIFICATION		S UNDERLYING CONTROL CONTROL	20b. DES	CRIBE HOW INJURY OCC	URRED (Enter nature of injury in I	Part I or I	Part II of item 18)				
MEDICAL	20c. TIME OF INJ Hour 'au	16	20d IN. While at work	URY OCCURRED 2 Not While at work		E OF INJURY (Hame, farm ry, street, affice bidg , etc.)		(City or town)	(Co.	inty)	((State)
	21. I certi	fy that M) (this haspita eceased alive an $\frac{Nove}{}$	l) attend ember	ed the deceased fr 21 19 67, an	rom <mark>Oc</mark>	tober 2 , 1 death accurred at	9 <u>67</u> 1:40	, to November AM, from causes	and on th	7, tha	at (I) (stoted	we) lost i obove
	220 SHGNATURE	mutche	11		M.D	PHYS	MED DIRECTOR	STAFF D	1	1 SIGNE	57	
	NAME (Type	A. C. Mite						tate Hosp			ary L is bu	
	o. BURIAL, CREMATION REMOVA, (Specify	11-27-	67	1/EW CH			0	LOCATION (City or To	TA	(County)	T	Md.
2	FUNERAL DIRECTO	alana I	P	ADDRESS	201	250. REC'D			EGISTRAR S SI	GNATUR		er.



last.

CERTIFICATION

2

Not While at work

factory, street, office bldg., etc.)

21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an

22o, SIGNATURE

BURIAL, CREMATION

REMOVAL (Specify)

and that death occurred at 40cm, from causes and an the date stated above. ATTENDING

PHYS.

M.D.

DIRECTOR

STAFF PHYS.

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

236 DAJE THEREOF

NAME OF CEMETERY OR CREMATORY

19.

LOCATION (City or Town)

(County) (Stote)

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate

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by the funeral ond

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signed by the ottending physi burial-tronsit permit. Then pl burial, cremation, or removal, ottending parentit. The

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be detoched for use State Dept. of Health

director, page 3 should should be filed with the

offending physicion.

by the hospitol or

Poge 4 may be retoined

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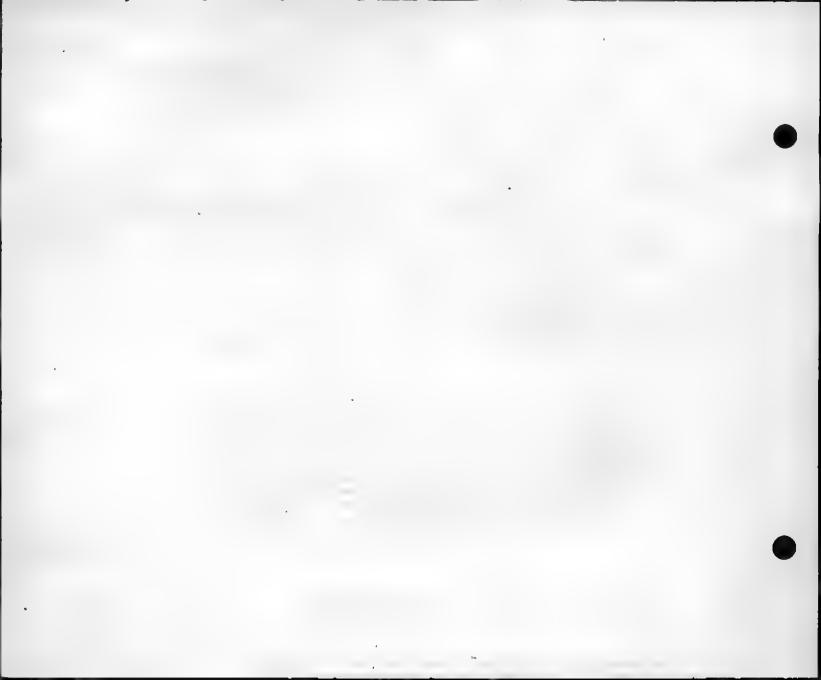
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requires that the deoth certificate be executed within 24 hours after deoth

UNERAL DIRECTOR

22d. ADDRESS

250. REC'D BY REGISTRAR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 £134 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH **b.** COUNTY a. COUNTY Wicomico MARYLAND 24 hours after b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) iilled in by th papers. Pagi hin 72 hours c Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospitar, give street address) d STREET ADDRESS Peninsula General Hospital physician and campletely filler ien please remave carban pap aval, and in any event, within The law requires that the death certificate be executed within 3. NAME OF 4. DATE Month Middle Last DECEASED OF ovember (Type or print) TREL DEATH 9. AGE (in years SEX DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** В. last birthday) WIDOWED DIVORCED 10o. USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR during mast of working life, even if retired) INDUSTRY toucewit & 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME signed by the attending physic burial-transit permit. Then pla burial, crematian, ar removal, attending p 16. SOCIAL SECURITY NO INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY Mir, notors IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. **DUE TO** Conditions, if any, which gave rise to immediate couse (a). DUE TO as the priartal stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health p 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) Hour om. factory, street, affice bldg., etc.) While Not While at work at wark 21. I certify that (1) (this haspital) attended the deceased fram 19.67 ta_ and that death accurred at IP_{ℓ} M, from causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE **ATTENDING** MED STAFF M.D. DIRECTOR PHYS. PHYS 22c. PHYSICIAN'S 22d. ADDRESS

VR A15 (4) 20 M 1/66

NAME (Type)

23g BURIAL CREMATION

24 FUNERAL DIRECTOR

ROMOVAL (Specify) Suria

23b. DATE THEREOF

DATÉ

23c. NAME OF CEMETERY OR CREMATORY

(County)

(County)

22b. DATE SIGNED

e IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

. 19 6 2, that (1) (we) last

NO

(Stote)

(State)

Year

Doy

Dovs

12. CITIZEN OF WHAT

COUNTRY?

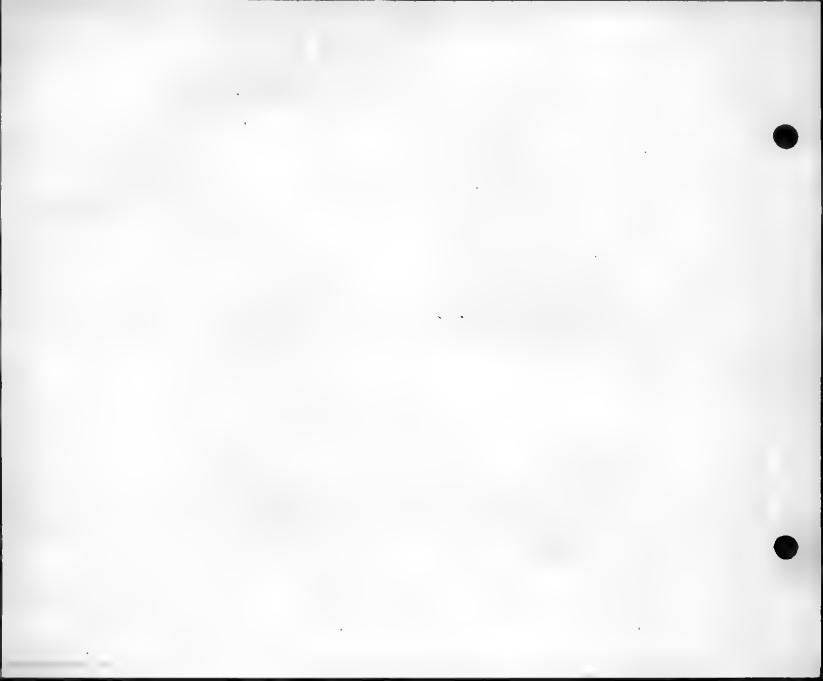
IF JNDER 1 YEAR

NO.

24 HRS

REGISTRAR'S SIGNATURE

23d. LOCATION (City or Town)



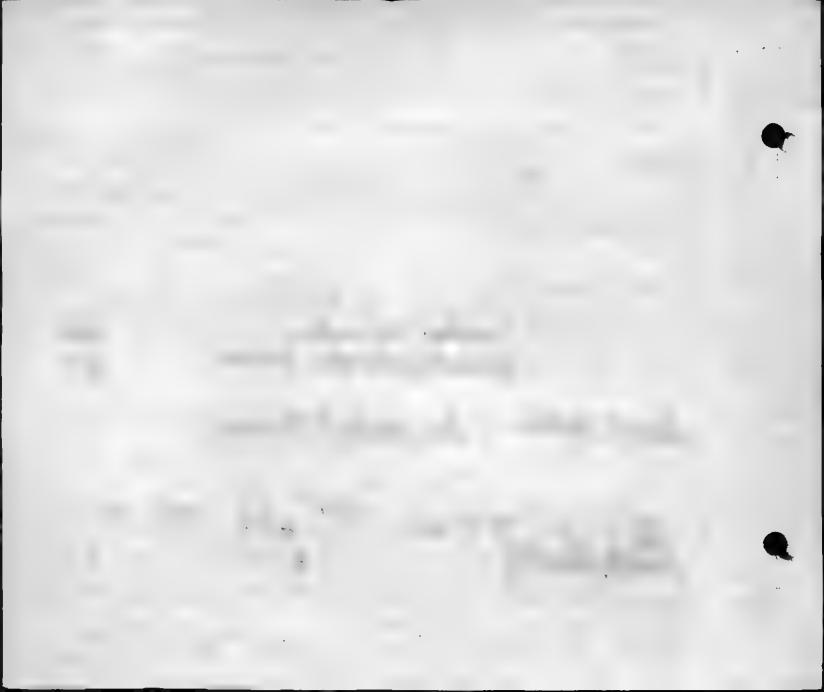
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		OATE OF BEATE		13125
1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where decessed lived, Il instituti	
Wicomico	MARY	and .STATE Mary la	and b. COUNTY W	icomico
b. CITY OR TOWN (il outside corporate write RURAL and give nearest town)	limits. c. LENGTH OF STA	IN 16 c. CITY OR TOWN (If	f outside corporate limits, write RURA	L end give nearest town)
Salisbury		Salish	oury	ſ
d. NAME OF HOSPITAL OR INSTITUTIO	ON (if not in hospite), give street eddre	d. STREET ADDRESS	_ ′	a. IS RESIDENCE ON A FARM?
764 S. Divis			. Division Street	
DECEASED	Frst Middle	Lost	4. DATE Month	Day Year
(Type or print) MA	ARY ELIZAE	ETH CAREY	DEATH November	4 1967
5. SEX 6. COLOR OR RA	ACE 7. MARRIED NEVER MARRIE	8. DATE OF BIRTH	9. AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HRS.
Female White	WIDOWED TO DIVORCE	- N 1 7 46	1891 Rest birthday) Montil	hs Deys Hours Min.
tios. USUAL OCCUPATION (Give kind of a done during most of working life, even if a	work 10b. KIND OF BUSINESS OR	INDUSTRY II BIRTHPLACE Count	y & State, or lore gn country) 12.	. CITIZEN OF WHAT COUNTRY?
Housewife	enredj	Somerset Co	ounty, Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Charles Price		Julia Jones	5	
15, WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT	Address	_
(Yes, no, or unkown) (Illyesgive werordete	214-10-8981	Mr. James Hir	nchcliff, Jr. (So	n)
18. CAUSE OF DEATH Enter only		J D Decatur F	Avenue, Salisbury	ME INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY	1. I. Din VIDER	Horostori		ONSET AND DEATH
f ×			1	
DOI:	CAD MO168/2	ex PhyPella Sc	lecosis	lan-
Conditions, if any, which gove rise to immediate cause	(b)_ 900 000 000	200000000000000000000000000000000000000		-
(a), stating the underlying DUE	10			
cause last,	9(c)			
ART IL OTHER SIGNES ANTIGO	MONTONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
E Halloles Mills	tus - 1/01/-	Willal The	owni	YES NO V
E 200 ACCIDENT WAS UNDERLYING	206, DESCRIBE HOW NJURY	CCURED (Enter nature of injury in P	Pert 1 or Pert il ol item 18.)	, <u> </u>
PART II. OTHER SIGNEY AND COLOR OF THE PROPERTY OF THE PROPERT	NTH NER)			
3 20c. TIME OF INJURY Month, Day	Year 20d. INJURY OCCURRED	2De PLACE OF INJURY (Home, larm.		(County) (State)
20c. TIME OF INJURY Month, Day, Hour a.m.	While Not While et work at work	fectory, street, off ce bidg , etc.)	1	
	17	10/15	07 11/3	19/2 that (I) (we) last
21. I coetify that (I) (this ho	111.4 19	/ //	7 01	
saw the deceased alive on		d that death occurred	Milliom the causes and o	
22a. A TURE	111.		AED. STAFF	SIGNED
LAUM SUU	367.	M U	RECTOR PHYS.	Nov. 6/196/
NAME (Type)	Daniel 1	22d. ADDRESS		
	. Béardsley		and Ave., Salisbu	ury, Maryaand
236, BURIAL, CREMATION, 236 DATE REMOVAL (Specify)	THEREOF 23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION (City, town or o	county) (Steta)
Burial Nov. 7	.1967 Wicomico	Memorial-Park	Salisbury, Mar	vland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC	D. BY REGISTRAR 256. REGISTRA	IR'S SIGNATURE
HOLLOWAY & COMPANY	Y, SALISBURY, MARY	LAND DATE	14 1 1961 REC	sule Judge

NDING PHYSICIAN: The law requires that the death certificate be executed sined by the hospital or attending physician.

2. After this certificate has been signed by the attending physician and completely detached for use as the burial-transit permit. Then please remove carbon papers. e retained by t death. Page 4. The retain death. Page 4. To FUNERAL D. CTOR. director, page 3 should be de be filed with the State Dept.

VR A1S (4) 1SM 7-62



I. PLACE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)

Manth

11-1-67

Address R.F.D.

11-6-67

Ocharles

Accomack

12 CT ZEN OF WHAT COUNTRY?

e IS RES DENCE ON A FARM?

YES X NO

IE LINDER 24 HRS

INTERVAL BETWEEN

19 WAS AUTOPSY

PERFORMED?

and in my apintan

22. DATE SIGNED

NO

FOR HEALT	STATE!
s to	10

2, and PM3 F

Item 18, Give Pages

icate, mirting the word "pending" in penal in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm

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s certificate should be executed within 24 haurs after death.

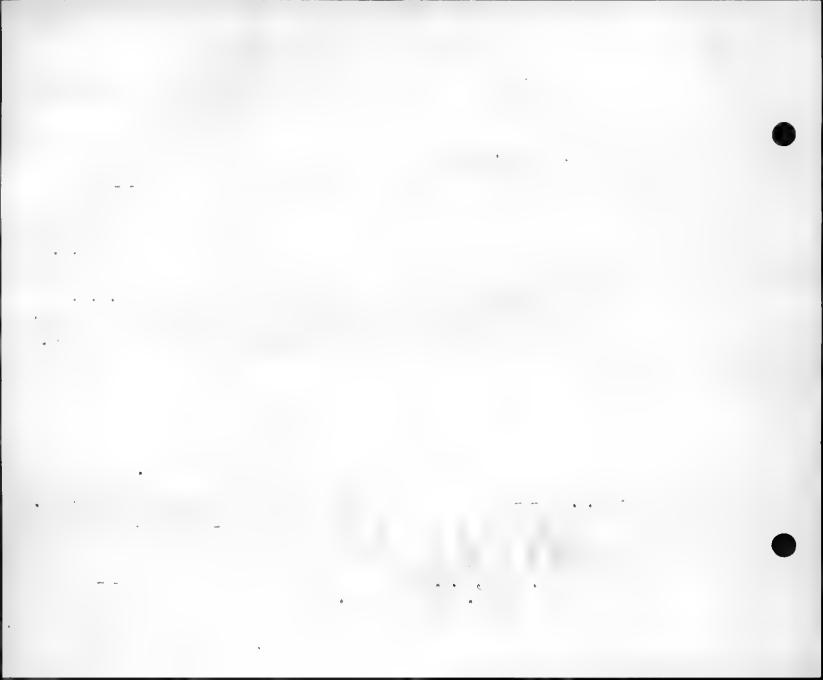
Deport burial-transit permit. File pages land2 with the State Ď oug pe FUNERAL DIRECTOR: Page 3 shauld

b COUNTY Worcester V a COUNTY Wicomico Maryland MARY, AND b CITY OR TOWN (I outside corparate limits write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c ETY OR TOWN (If autside carparate limits, write RURA, and give nearest tawn) 1 hour Salisbury Pocomoka d STREET ADDRESS d NAME OF MOSPITAL OR INSTITUTION (if not in haspital give street address) Route # Peninsula General Hospital 3 NAME OF Middle Last 4 DATE DECEASED Charles Keith (Type or print) Chesser DEATH B DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED 9 AGE (In years 7 MARRIED ast birthday) July 14,1951 in any event within 72 haurs after death. WIDOWED D VORCED IDa USUAL OCCUPAT ON (Give kind of work done TOW KIND OF BUSINESS OR 11 B RTHPLACE (State or Foreign country) during most of work natife, even if retired)
SChool boy INDUSTRY Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Barbara Huff Keith Chesser 17 INFORMANT IS WAS DECEASED EVER NUS ARMED EORCES? 16. SOC A. SEC. RITY NO. (Yes, na, ar ynknawn) (If yes give war ar dates of service 216-54-9922 Miss Violet Chesser, Pocomoke, Md 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY Fractured skull with cerebral hemorrhage TAMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave (6) rise to immediate cause (a), DUE TO stating the underlying cause cremation, ar removal, PART II, OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(a) CERT FICATION 2Dg. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18) CALISE OF DEATH Riding bicycle and was struck by a truck. MEDICAL 20e PLACE OF INJURY (Hame, form 2Df (City or town) 2Dc TIME OF INJURY Manth, Day Year Highway While at wark I 11-4-67 Pocomoke Worcester 21. I certify that I took charge of the remains described above, held an Autapsv [Inspection K Inguiry X death resulted from Natural causes Accident X Su cide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER Earl L. Royer, M.K. Health Address (Street, city, tawn, ar caunty) Camdon Ave ... 23d LO ATION (City or Town) 50 Downing Methodist Oak Hall 11-7-1967 25b REGISTRAR'S SIGNATUR Pocomoke, Md.

VR A15ME (5) 6M 1/67

Eage 4 shauld

the funeral director



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

RECD BY REGISTRAR

2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)

S RESIDENCE ON A FARM?

Year

19 b

IF LINDER 24 HRS

Hours

BLIVIL INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO ST

(Stote)

(Stote)

YES X NO

Doy

1 YEAR

Dovs

COUNTRY?

DATE SIGNED

(County)

2Sb. REGISTRAR'S SIGNATUR

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	6 :	- 1	. 1	1
April	-	-8-	\circ	

PLACE OF DEATH a. COUNTY 3 NAME OF DECEASED S SEX 13. FATHER'S NAME

MEDICAL

AUNERAL DIRECTOR

oletely filled it carbantipaper campletety signed by the attending physician and camplet burial-transit permit Then please remave carl burial, crematian, ar remaval, and in any event, attending p been as the priar to l has Health **DIRECTOR:** After this certificate detached director, page 3 shauld shauld be filed with the

b. COUNT MARYLAND 004100 b CITY OR TOWN (If outside corporate imits C LENGTH OF STAY IN 16 c CITY OR TOWN (If butside carparote limits, write RURA, and give nearest town) write RURAL and give nearest town) 01/10/11/16 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Middle 4. DATE Month First Lost 0F HARLES ۵ (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 7 MARRIED **NEVER MARRIED** last birthday) Manths WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of warking life, even if retired) INDUSTRY מת 14 MOTHER'S MAIDEN NAM GROUE DURNE WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no a unknown) (If yes give wor or dotes af service 0-565 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO MELO NEPHRITIS Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) EMIA 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) Hour o.m. While Not White factory, street office bldg., etc.) of work 21. I certify that (1) (this haspital) attended the deceased from C. ta and that death occurred at 13/P 196 saw the deceased alive an .M. fram causes and on the date stated above. 220 SIGNATURE ATTENDING PHYS STAFF M.D. DIRECTOR ADDRESS 22c. IIIIYSICIAN'S 22d C. Thomas M.D. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION. 23b DATE THEREOF LOCATION (City or Town) REMOVAL (Specify)

ADDRESS

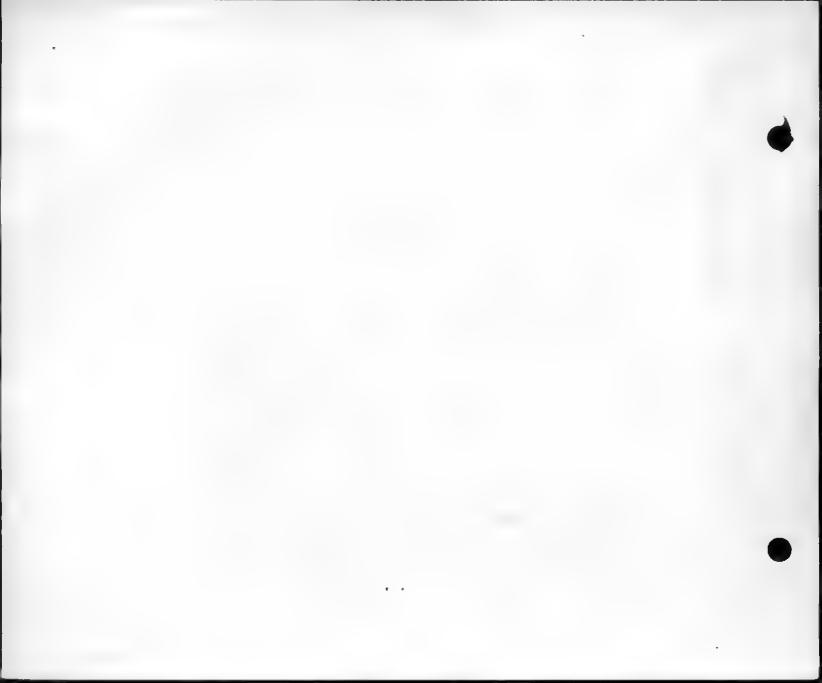


The law requires that the death certificate be executed within 24 haurs after

O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may TO FUNERAL

be retained

VR A15 (4) 25M 1/67

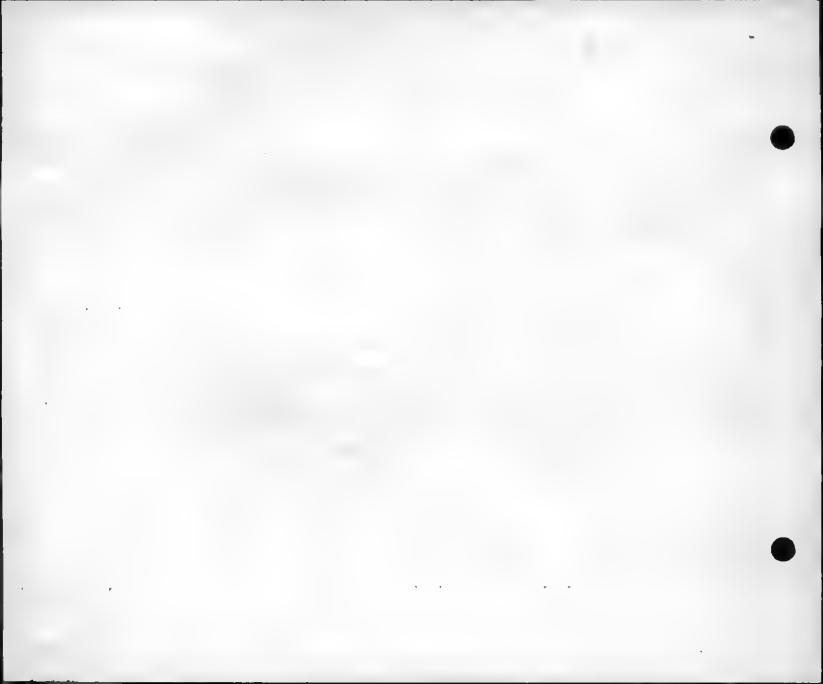


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Ī	JOY	AL	Dd	be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 74 hours after death.	
	4 17	ER.	OL,	q p	
2	ge	5	ect	DD	
3	Pa	0	亨	상	1
IN HOLLING ON MICHENIA THE TANK THE TANK THE THE THE THE THE THE TANK THE T	Page 4 may be retained by the hospital ar attending physician.	E TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the fune in the fune of the complete of the	director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages	A	K
	VR	Al	1)(9]	11

CEDI		ATE	ΔF.	DEATH
1 601	1616	A 1 L	1.35	DFATH

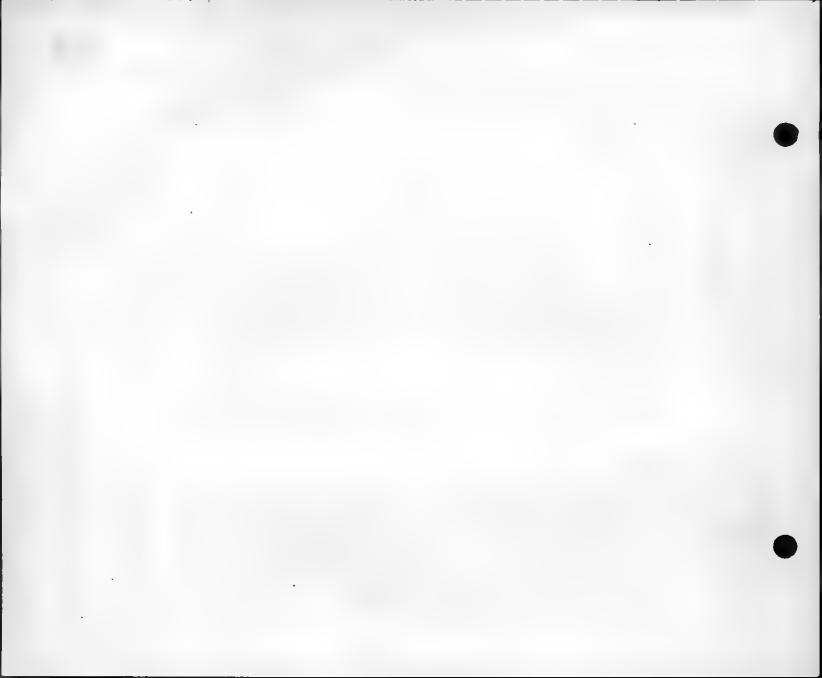
	19139	CERTIFICATE	OF DEATH	i 47	31	
1	PLACE OF DEATH		2. USUAL RESIDENCE (When	e deceosed lived, if institution. Residen	ce before admission)	
	o. COUNTY Wicomico	o STATE b. COUNTY Wicomico				
b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b			c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)			
	write RURAL and give nearest town) Salisbury	9 days	Powel1	ville	11	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	hospitol, give street address)	d STREET ADDRESS		e IS RES DENCE ON A FARM?	
L	Deer's Head Sta	ate Hospital			YES NO	
3.	NAME OF First DECEASED	Middle	Last 4.	DATE Month OF	Day Year	
L	(Type or print) SARAH	ELLEN	COLLINS	DEATH 17	30 19 67	
5.	SEX 6. COLOR OR RACE 7. I	MARRIED NEVER MARRIED 8	L DATE OF BIRTH	lost hirthdoy) Months	Dovs Hours Min	
	7			00 02 yrs		
	USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Sto		TIZEN OF WHAT	
	Retired seamstress	Shirt Factory		unty, Maryland U	ISA	
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
L	Peter Sturgis		Ellen Richa			
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17-M	NFORMANT C. Jone	s (Friend) ^{Address} Salisbury, Maryl		
ľ	es, no, or unknown) (If yes give wor or dotes of serv	~~217-05-2914A 3	26 Glen Ave.,	Salisbury, Maryl	and	
Г	18. CAUSE OF DEATH (Enter on y one cause pe	er line for (o), (b), and (c))			INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bronchopneumoni	a		ONSET AND DEATH	
	DUE TO					
L	Conditions, if ony, which gove (b) Insipient myocardial failure				Da y s	
ı	rise to immediate cause (a),					
	lost. Cerebral vascular accident					
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART I(o)	PERFORMED? YES NO	
CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port	For Part II of Item 18)		
MEDICAL	20x TIME OF INJURY Month, Day, Year Hour a.m. 19	While of work O focto	E OF INJURY (Home, farm, ory, street, office bldg., etc.)	(,	unty) (Stote)	
	21. I certify that (1) (this haspital) attended the deceased from November 21, 1967, ta November 301967, that (1) (we) last saw the deceased alive an November 30 1967, and that death accurred at 7:004 M, from causes and an the date stated above.					
	220 AGDATURE 22b DATE SIGNED					
	11. Comst	The M.D.	ATTENDING MED	CTOR PHYS A 11	/30/67	
П	22c HYSICIAN'S		22d, ADDRESS		Mary land	
	NAME (Type) A. C. Mitche	11, M. D.	Deer's Head	State Hospital,	Salisbury,	
23	o BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)			23d LOCAT ON (City or Town)	(County) (Stote)	
2	Burial Dec. 2, 1	967 St. John's Ce	metery 250. REC'D BY	Powellville Ma REGISTRAR 25b REGISTRARS S	ryland IGNATURE	
	HOLLOWAY & COMPANY, S.		DATEREC		es Judges	





MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. / 8 =			CERTIFICATE OF DEATH 10129
funeral			COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) b COUNTY Wicomico
Pages			CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBUTY C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
thin 72	,		AME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Peninsula General Hospital. d. STREET ADDRESS e IS RESIDENCE ON A FARN? YES \(\sigma \) NO
pletely/ carban ent, wit			ME OF FIRST Middle Lost 4. DATE Month Doy Year OF DEATH NOVEMBER 21 19 67 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH / 19. AGE (In years 1 F UNDER 1 YEAR 1 F UNDER 24 HES
and the attending physician and campletely fronts permit. Then please remave carban crematian, ar remaval, and in any event, with		p	6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED BATE OF SIRTH 9. AGE (In years burthday) WIDOWED DIVORCED DIVORCED BATE OF SIRTH ON THE WIDOWED
sician al		dum	THER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
ng phys Then permayal			S DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
attendi permit. ian, ar r			(If yes give war ar dates of service) B. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) INTERVAL BETWEEN
physician. signed by the burial-transit pourial, cremativ			PART I. DEATH WAS CAUSED BY: 52// DILETO DUE TO DILETO DIL
			onditions, if ony, which gove be to immediate couse (a), and the underlying couse (b) DUE TO
tendin tendin is bee as th priar t		×	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? PERFORMED?
ficate ho ficate ho far use f Health	2	CERTIFICATION	YES NO ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.)
the haspital this certifica detached far e Dept. af Ho		MEDICAL CE	F EITHER, NOTIFY MEDICAL EXAMINER) Or TIME OF INJURY Month, Day, Year Hour o.m. While Not While foctory, Street, office bldg, etc.) Or Time Of Injury Month, Day, Year While Not While foctory, Street, office bldg, etc.)
State State		*	21 certify that (I) (this haspital) attended the deceased fram 1 deceased fram 1, 19 6 that (H) (we) last
y be retained y be retained DIRECTOR: A age 3 shauld filed with the			saw the deceased alive an 196 and that death accurred at 6 to M, from causes and an the date stated above. 120. SIGNATURE DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
RAL DIII	1		NAME (Type) Wilber R. Ellis 22d ADDRESS Medical Conter-Salisbury md.
Page 4 may be right. To FUNERAL DIRE directar, page 3 shauld be filed w	4	23o	IJRIAL, CREMATION, 23b DATE THEREOF, 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
VR A15 (4)	50	24.	LINES DIRECTOR 1 250. RECID BY REGISTRAR'S SIGNATURE NOV 2 2 1567

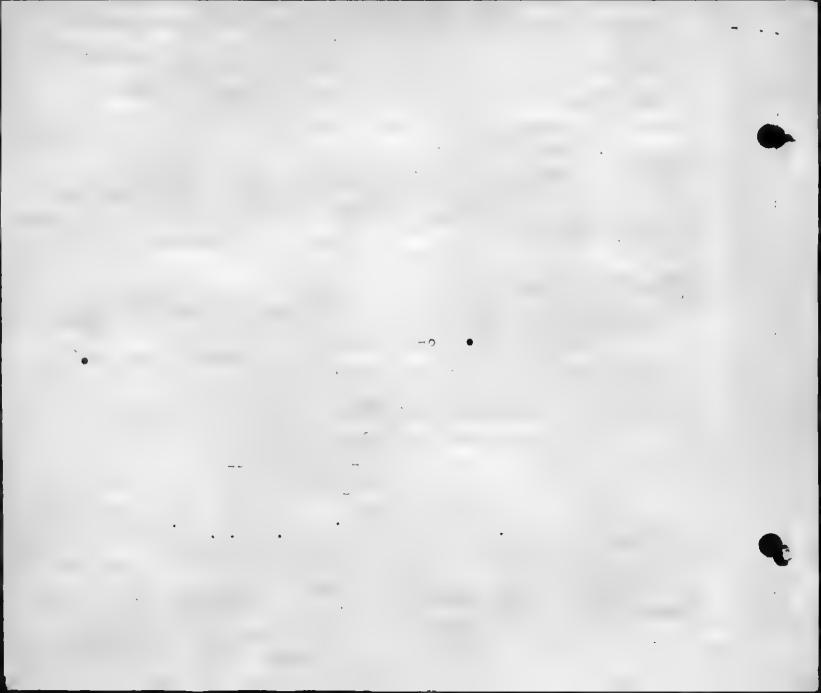


	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1, MARYLANI
714x	CERTIFICATE OF DEATH	13130

a. COUNTY		BUAL RESIDENCE (Where deces		noe before edmission)
Wicomico	MARYLAND	. STATE Maryland	b. COUNTY Wico	omico
b. CITY OR TOWN (if outside corporate limits, write RURA), and give nearest town)	c. LENGTH OF STAY IN 16 c.	CITY OR TOWN (If outside corporat	le limits, write RURAL end give	neerest town)
Salisbury	4 years	Salisbury		
d. NAME OF HOSPITAL OR INSTITUTION (if you in hospite Wilcomico Care Home		. STREET ADDRESS		IS RESIDENCE ON A FARM?
R.D.#5, Spring Hill	Road	E. Church St		YES NO
DECEASED (Type or print) VIRGIL	MITE D	ENNIS A DATE OF DEATH	November 5	19 67
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 1 8. DATE		GE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male White WIDOWED		mber 13, 1886	80 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION IGINA kind of work 10b. KINI		BIRTHPLACE (County & State, or fore	eign country) 12, CITIZEN (OF WHAT COUNTRY?
done during most of working life, even it retired) Retired Brick Mason		icomico County, A	Maryland USA	4
13. FATHER'S NAME	14. 8	AOTHER'S MAIDEN NAME		
Robert Henry Dennis	_	ulia		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC [Yes, no, or unkown] (Ifyesgivewarordatesofservice)			Address	
No 579-		Marian A. Rullma Fontainebleu Dr.	Now Carrolli	ton Md.
18. CAUSE OF DEATH [Enter only one cause per line	for (e), (b), and (c),	7011001111001011	i in	ITERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) BT*	•ncho-pneumoni	.8.	Man 1971	Da
DUE TO	•		previous (h•spital}
Conditions, if any, which (b)	cute Bronchiti	Morror	2 provious (nwsp.cal7
geve rise to immediate cause (e), stating the underlying DUE TO		· Bo7		
	physema: Bronc	hial Asthma	299999	?
	LEUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Arteriosclero	sis (generalt.			YES NO X
🏪 20e. ACCIDENT WAS UNDERLYING 🔲 — 20b. DESCR	IBE HOW INJURY OCCURED. (Enter	neture of injury in Part I or Part II of	item 18.)	
OR CONTRIBUTING CAUSE OF DEATH	PM			
		INJURY (Home, ferm, 20f. (City or	town) (County)	(Stefe)
Hour a.m. White of work	Not While tectory, stre	cut, office-bidger etc.)		
21. I certify that (I) (this hospital) attende	ed the deceased from Man	T 19.67 10	1967	that (I) (we) last
saw the deceased alive on NOV . I	19.6.7., and that death	occurred I. 15M. Aren It	e causes and on the da	ite stated above.
220. SIGNATUPE	10	TTERRILLE LIES		22b. DATE
La Lorden Se		HYS. DIRECTOR	PHYS. Nov	51GNED 7 /1967
22c. PHYSICIAN S NAME (Type)	_	2d. ADDRESS	_	7777
Dr. G. Herbert S	embly	400 E. Church Str	eet, Salisbury	y, Maryland
236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR CR	EMATORY 23d. LOCATI	ON (City, town or county)	(Steta)
	Washington Nation	al Cemetery Sui	tland, Marylar	nd
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRA	R 25b. REGISTRAR'S SIGNA	ATURE
HOLLOWAY & COMPANY, SALI	SBURY, MARYLAND	NOV 9 196	7 geleastes &	udge

TO HOSPIT - COX ATTENDING PHYSICIAN: The law requires that the ideath certificate be executed which 24 hours after death. Page 1 the retained by the hospital or attending physician. For FUNERAL LECTOR. After this certificate has been signed by the attending physician and completely almost the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 showled be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer death.

YR AIS (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10131

FOR STATE HEALTH DEPT

any delay is

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epartment

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with formal Page.

This certificate should be executed within 24 hours after death

MEDICAL EXAMINER:

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State

VR A15ME (5) 6M 1/67

Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

	16142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
		PLACE OF DEATH O. COUNTY Wicomico	MARYLAND	2 USUAL RESIDENCE (W o. STATE Ma	here deceosed lived, if institution, Recurry Land b. COUNTY V	esidence before odmission) Vorcester		
	t	b CITY OR TOWN (If outside corporate himits, write RiteAti and diven pegrest town)	c CITY OR TOWN (If out Sno	d give neorest town)				
	(d NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?		
		Peninsula General		Route_	YES NO			
	- (NAME OF First DECEASED (Type or print) Gentru:	V. 0	ickerson	4. DATE Month OF DEATH 11-23			
	S. :	1 1 //	DOWED DIVORCED	B. DATE OF BIRTH 4uq. 28 19	04 63 yrs Mon			
		USUA: OCCLPATION (G ve kind of work done ing grost of working fe, even if retired)	106 KIND OF BLS NESS OR INDUSTRY	BIRTHPLACE (Stote of	or fore gn country)	COUNTRY?		
	13.	FATHER'S NAME William R West		14 MOTHER'S MATDEN N				
	1S (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no. or unknown) [If yes give wor or dotes of serv	ice)	INFORMANT SS Grace	Address	11. Mcl.		
		18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO	r line for (o), (b) and (c).) Fractured cervic			ONSEL AND PEACH		
		conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse (c) (c)						
ŧ	ATION	PART II OTHER SIGN F CANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CON	D T ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO X		
	CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED Driver of car inv		· ·			
3	MED CAL	20c TIME OF INJURY Month, Doy, Year Hour om 7P. M. 11-23-67	20d INJURY OCCURRED 20e PLA While Not While of work of work RO	(E OF INJURY (Home, form, form, street, office bldg , etc.)	Snow Hill Wor	(County) (State)		
		21 I certify that I took charge of the remains described above, held an AutopsyInspection AInquiry A, and in my opinion death resulted from Natural guses, Acadent [X], Suicide, Homicide, Undetermined monner						
		ACTUAL SIGNATURE	V	/MI U	ICAL EXAMINER	22. DATE SIGNED		
ě		Examiners Earl L. Royer	va Salisbury Ad	Address (Street,	, city, town, or county)	24-67		
		BURIAL (REMATION) 236 DATE THEREOF REMOVAL (Specify) Nov. 26.19		hodist	5now Hill A	(County) (Stote)		
J	24	FUNERAL DIRECTOR	ADDRESS	250 RIGO	OV R 2 15 PAR 1967 350 REGISTRA	ars signature		





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY b. COUNTY Wicomico Maryland Wicomico MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, WILL RUPAL and give neorest town) Pittsville week IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Box 63 Peninsula General Hospital YES NO K Middle 4 DATE First Month Doy Year DECEASED UAMES (Type or pnnt) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE AGF (In years 7. MARRIED **NEVER MARRIED** jost birthdoy) Months Doys Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR BIRTHPLACE (County & Stote or foreign country)
Orcester County. COUNTRY? during most of working life, even if retired)
Laborer Poultry USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Dryden Florence P. Dryden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 221-05-0807 W. R. Dryden Delaware INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY ARCINOM IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 154 20o ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home form. 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg, etc.) While Not While of work ot work 21. I certify that (I) (this hospital) attended the deceased from Nov 13, 19,67, that (1) (we) last 19 6 saw the deceased alive an 1967, and that death accurred at 7900 M, from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. 11-13-67 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Thomas C. Hil ne 23c. NAME OF CEMETERY OF THE WATORY X 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) -16-1967 Franklin Cemetery

Stockton

250, REC'D BY REGISTRAR

DATE NOV

Pocomoke City, Md.

Wor

25b. REGISTRAR'S SIGNATURE

Ochant

requires that the death certificate be executed within 24 haurs after death papers hay corbor signed by the attending physician and camplete bunal-transit permit. Then please remave carb burial, crematian, ar remaval, and in any event, physician and c Page 4 may be retained by the hospital ar attending physician. priar tal has been use State Dept. of Health O FUNERAL DIRECTOR: After this certificate Ę detached director, page 3 shauld shauld be filed with the VR A15 (4) 20 M 1/66

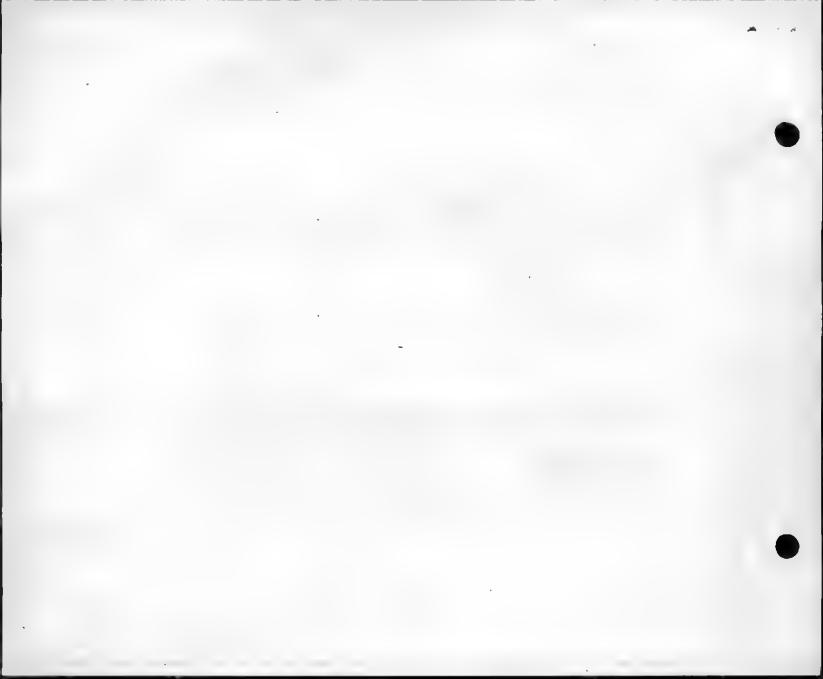
3. NAME OF

last.

-FUNERAL DIRECTOR

CERTIFICATION

SEX



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICA	L RESEARCH AND RECORDS, 301	W. PRESTON STREET	I, BALIIMOKE, MARYLAI	ND 21201
16145	CERTIFICATE	OF DEATH		13134
1. PLACE OF DEATH			ere deceased lived, if institution	· Residence before admission)
o. COUNTY Wicomico	MARYLAND	PIN9INI	b COUNTY	COMACK
b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 16		de corporate limits, write RURAL	
write RURAL and give nearest town)			eranceu	*
Salisbury		d. STREET ADDRESS	c raced	e 15 RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in		U. SIKEEL ADDRESS		ON A FARM? YES NO []
Peninsula Genera	Middle	Lost	4 DATE Month	Doy Year
DECEASED .	ON ISAAC	Dye	DEATH NOVEMA	ber 21 1967
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		Months Doys Hours Min
MAle White W	VIDOWED DIVORCED	sept, 19, 18	91 76 yrs.	
100 CSUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY SAICS MAN	11 BIRTHPLACE (County 8:	State, or foreign country)	12 CT ZEN OF WHAT COUNTRY?
13. FATHER'S NAME BEAUTA QUATA	Dre	14 MOTHER'S MAIDEN NA	ME DY	<i>e</i>
IS WAS DECEASED EVER IN U.S. ARMED FORCES?	100	NFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dates of sen	the first	errie D	ye BAIt	imore, MD.
18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY	er line for (a), (b), and (c).) Heart fraulter	· ·		INTERVAL BETWEEN ONSET AND DEATH
4221 IMMEDIATE CAUSE (a) _ DUE TO			-	
Conditions, if any, which gove) (b)	A.S.C.V.D.			years.
rise to immediate cause (o), Stating the underlying cause DUE TO)
lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	HBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Mour a m	205 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 18.)	
20c TIME OF INJURY Month, Day, Year Hour a m p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg, etc)	20f. (City or town)	(County) (Stote)
21. I certify that (I) (this haspita	ii) attended tile deceased tram	11-17-67,19	, ta//- 2/	← 7 19 , that (I) (we) last
saw the deceased alive an//	-21-67 19, and tha	t death accurred at 😅	🚰 M, fram causes ar	nd on the date stated above
220, SIGNATURE		ATTENDING A M	AED. STAFF	22b. DATE SIGNED
Joseph C. Vite	LM Server		AED. DIRECTOR D STAFF D	21 Nov 67
22< PHYSICIAN'S NAME (Type)		22d. ADDRESS		
23g. BURIAL CREMATION, 23b DATE THEREO	F 23c. NAME OF CEMETERY OR	CDEMATORY	23d. LOCATION (City or Town	(County) (Stote)
REMOVAL (Specify) /// 4//	byeen woo		1 0 = h	COMACK - WA.
74. FUNERAL DIRECTOR ON FOR	ADDRESS A		1/ **	STRAR'S SIGNATURE
FOX FUNERAL	Home TemPi,	VA DATE N		and, I Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled an By the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. /Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within-72 hours after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the hospital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission Wicomico MARYLAND b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b TOWN (if autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital YES NO IN Middle DATE Manth Vovember DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Manths Days Hours WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1# BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT ANDUSTRY COUNTRY? during most of working life, even if retired) 14 MOTHER'S MAIDEN NAME 17. INFORMANT WAS DECEASED EVERAN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO A chest Lexhaper Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm 20f (City or town) (County) (State) Not While factory, street, affice bldg., etc.) at wark at wark 19 67, that (\$ (we) last 21. I certify that A (this haspital) attended the deceased from 10 - 3/ 19 47, and that death occurred at 44 AM, fram couses and an the date stated above. saw the deceased alive an 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS.

ADDRESS

25a. REGID BY REGISTRAR

23d. LOCATION (City or Town)

(County)

2Sb. REGISTRAR S SIGNATURE

(State)

STOODARD

23b DATE THEREOI

23c. NAME OF CEMETERY OR CREMATORY

funeral Ċ campletely filled nave carban paper and in any event, within remove physician and ease signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, ettending physpermit. Then p by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to be retained VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 haurs after death

78148

1 PLACE OF DEATH

a. COUNTY

NAME OF

S SEX

DECEASED

(Type or print)

33 FATHER'S NAME

last.

Hour a.m.

22a, SIGNATURE

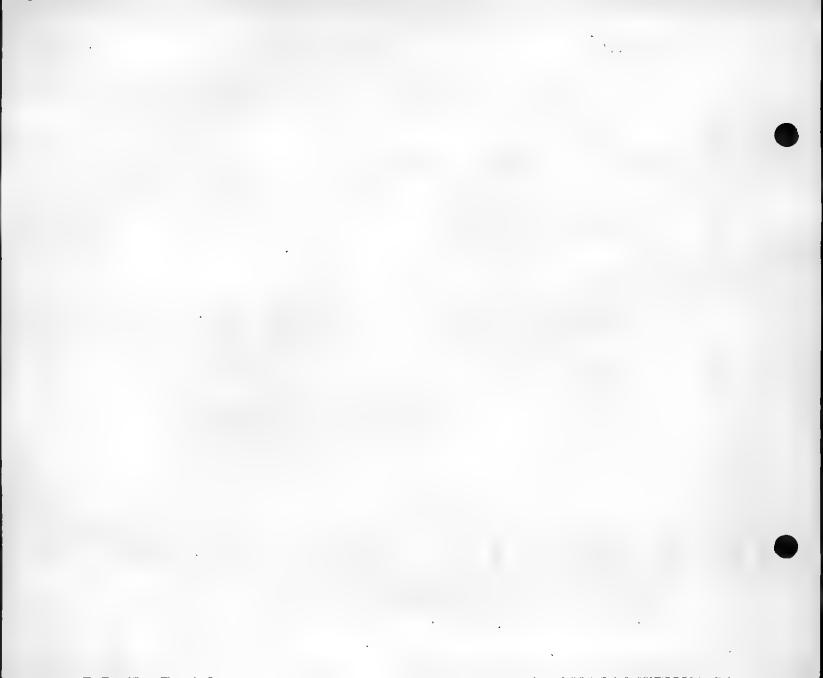
22c PHYSICIAN'S NAME (Type)

BURIAL, CREMATION

REMOVAL (Specify)

24. FUNERAL DIRECTOR

MEDICAL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STAT

PM3. Page

5

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Department

Health priar ta bural, crematian, ar removal, and in any event within 72 haurs after death.

the funeral director. Page 4 should be farwarded to the Ch of Medical Examiner's Office along with farm

necessary, please execute the certificate, writing the ward "peading" in pancil

TO DEPUTY MEDICAL EXAMINER:

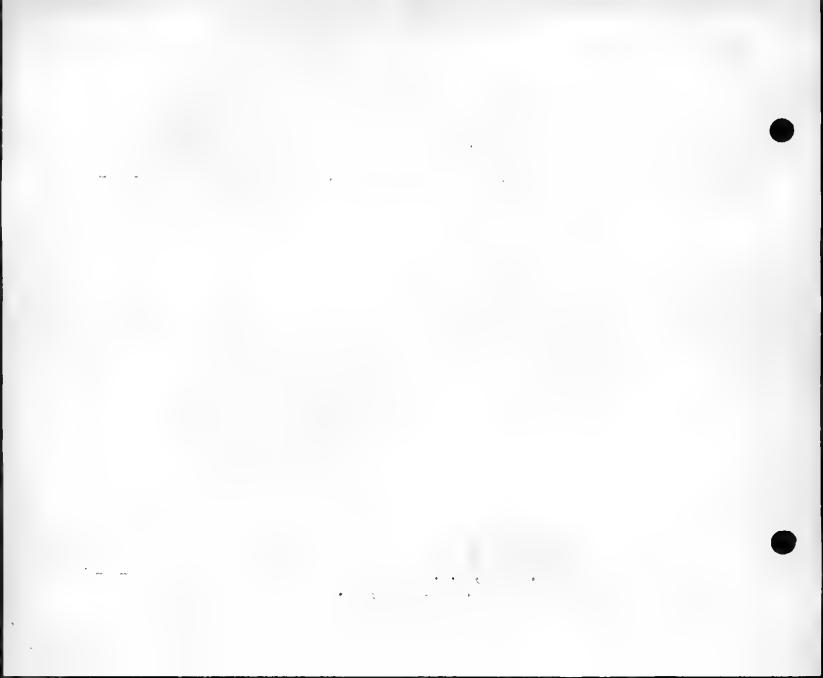
5 may be retained far your files.

VR A 15ME (\$)

24 haurs after death If any delay is attem 18, Give Pages 1, 2, and 3 to

This certificate shauld be executed within 24 haurs after death If

	161	47	MED	ICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH		131	.36	
	D. COUNTY	Wicomico		MARYL	AND	2 USUAL RESIDENCE (V	Where deceosed liv	red, if institution by COUN	on Residence be	ore odmissio	jn)
	b (ITY OR TOV write RURAL HOL	/N (If outside corporate limit and give nearest town)	ts,	c. LENGTH OF STAY IN	l lb	c CITY OR TOWN (F ou	tside corporate lin Hebron		Al and give near	rest town)	*
. \	d. NAME OF HO	SPITAL OR INSTITUTION (IF F 407 Chestnut		-		d STREET ADDRESS	estnut S	treet		e IS RESID ON A FA YES	
	3 NAME OF DECEASED (Type or print)	E11	rrst A	Middle	Fur	Lost	4 DATE OF DEATH	Month	-211 - D	оү ^{Үв} о	7
	S SEX	6. COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		8. DATE OF BIRTH 11/1/1892	9. AG 75	E (In yeors t birthday) Yrs	Months Doy	Hours	M n
				IND OF BUSINESS OR IDUSTRY		1) BIRTHPLACE (Stote Marylar 14 MOTHER'S MADEN I	nd	·)	12 CITIZEN COUNTR		
	IS. WAS DECEASED	Morris EVER IN U.S. ARMED FORCES: vn) (If yes give wor or dotes		SOCIAL SECURITY NO.		Emily Bi		Addre	22		
	18. CAUSE O	F DEATH (Enter only one co DEATH WAS CAUSED BY MMEDIATE CAUSI DU	7.7	(o), (b) ond (c).)						INTERVAL BETWEEN ONSELAND DEATH	
	nse to imme	ony, which gove diote couse (a), nderlying couse	(b) Pul	monary tub	ercu	Losis				Month	IS
ì	PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUT.NG	TO DEATH BUT NOT RELA	NTED TO	THE TERMINAL DISEASE COL	NDITION G VEN N	PART 1(o)	1	9 WAS AUTO PERFORMI YES K	OPSY ED? NO
	CAUSE OF DEA	r CONTRIBUTING 🖂	20b DI	ESCRIBE HOW INJURY DO	CURRED	(Enter notyre of inury in	Port or Port II o	fitem 8)			
	20c. T.ME OF Hou	INJURY Month, Day, Yeor o.m pm. 19	20d I While of wor	NJURY OCCLERED Not While ot work		CE OF INJURY (Home, form ory, street, office bldg., etc.)		y or town)	(County)	(State;
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Earl L. Ro	ge of the record causes	D. Salisbury	Suc	Ide, Homicide CHIEF MEDICAL M.D ASS STANT MED DEPUTY MEDICA Address (Street	EXAMINER DICAL EXAMINER AL EXAMINER A. EXAMINER A. (14), town, or co	erm ned mo	anner		SIGNED
1	230 BURIAL, (REA REMOVAL (SP BUPIEL 24 FUNERAL DIR	eqify) 11/2	18/67	Green A ADDRESS	rce TH	s Cometers	Sali D BY REGISTRAR			mico TURE	Md



20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH

6 Zand that death occurred at 4/5 M, from causes and on the dote stated above.

22c. PHYSICIAN'S

NAME (Type)

saw the deceased alive on. 22o SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING 22d. ADDRESS

DIRECTOR

STAFF PHYS. 22b. DATE SIGNED

Pana A may	7 3	ξij	should be fi	

VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 hours ofter

and completely filled remove carban pape

physician a

signed by the attending physi buriol-transit permit. Then pl buriol, cremation, or removal,

ue aerached for use os the State Dept. of Health prior to

CERTIFICATION

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by the haspital or attending physician.

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INERAL DIRECTOR: After

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event,

and in any

S. SEX

23g. (BUR AL PREMATION. 23b. DATE THEREO! REMOVAL (Specify) **FUNERAL DIRECTOR**

REC'D BY REGISTRAR

23d. LOCATION (City or Town) (County) (State)

2Sb REGISTRAR'S SIGNATUR

ocharle



DIVISION OF STATISTIC 101

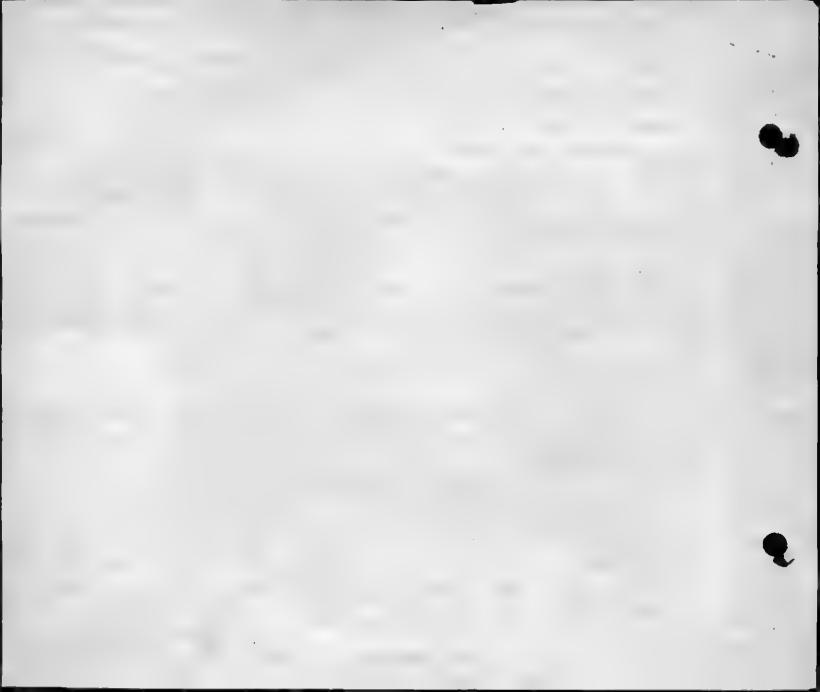
MARYLAND STATE DEPARTMENT OF HEALTH	
CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
CERTIFICATE OF DEATH	* (815)

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, it shallons Kesidence before admission)
Wicomico MARYLAND	*. STATE Maryland b. COUNTY Somerset
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown)
write RURAL and give nearest town Adm. in 1 d Salisbury	0-1-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	d. SYREET ADDRESS o. IS RESIDENCE
	ON A FARM?
Peninsula General Hospital	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) Rev. HARRY MARTIN	GUYER November 30 19 67
2. Monde K Liter invento [DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min.
Male White , widowed □ DIVORCED □ ,	June 23, 1907 60 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	
Minister	Pennsylvania USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elmer Guyer	Harriett Martin
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	Beatrice Clara Latham (Minnie) Guyer (Wife)
Yes War II 1/5-05-1013 Or	riole, Maryland
PART I, DEATH WAS CAUSED BY:	" ONSET AND DEATH
IMMEDIATE CAUSE (a)_	acute a ramony.
DUE TO	O .
Conditions, if any, which \ (b) Chr. Christian	···
gave rise to immediate ceuse DUE TO	
cause fest. (c)	
The state of the s	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 206. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING TO CAUSE OF DEATH 10 IF EITHER, NOTHER MEDICAL EXAMINER).	PERFORMED?
200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED	[Enter nature of in ury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
Hour e.m. WhileNot While	lory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	, 19, 19, 19, 19, that (I) (we) last
saw the deceased alive on	death occurred at 12: 85 from the causes and on the date stated above.
22a. SIGNATURE	
William D fora	ATTENDING MED. STAFF November 30 /1967
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. William B. Long	Medical Center, Salisbury, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Dec. 2, 1967 Wicomico Memo	orial Park Salisbury, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	nec 7: 10c/ /Cuantle Village
HOLLOWAY & COMPANY, SALISBURY, MARYLA	NI DATE OF THE PROPERTY OF THE

TO HOSPITAL DAR ATTENDING INTENDING INVESTIGAN: The law requires that the death certificate be executed. Thin 24 hours after death. Page 4 retained by the hospital or attending shystician.

TO FUNERAL DARGEORY, After this certificate has been signed by the attending physician and completely drin by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 thurstand peath.

VR A15 (A) 15M 7-62



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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eat and ind		1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission)
ir d	5 /	1	COUNTY Wicomico MARYLAND STATE Mary Land COUNTY orcest er
offer be des		1	s. CITY OR TOWN (If autside corporate limits,
Par t	2		write RURAL and give nearest town) Salisbury Who Ecyville
Par Par	3.	\vdash	H NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. STREET ADDRESS e. IS. RESIDENCE
2 (高温)	1/3 (E		Peninsula General Hospital
ie / j		3	NAME OF First Middle Last 4, DATE Manth Doy Year
bar bar	\$	3.	DECEASED OF ACTION OF
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afe icior leas	É	_	
# £55	ž.	13	FATHER S NAME 14. MOTHER S MAIDEN NAME
Ceri	5	L	Tull Hickman Elizabeth Davis
두 듣는	D	15 /Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address s. no. or unknown) (If yes give war or doles of service)
der tten irmi	<u>,</u>	L	s. no. or unknown) (If yes give war or dotes of service) 219-46-2501 Zina pittingh: m serlin. 110.
requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in By the funeral burial-transit permit. Then please remove carbon, papers pages 1 and 2	2		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH
s that t cian d by the -transit		1	IMMEDIATE CAUSE (a) A Province School is Stated William
luires tho thysician igned by urial-tran	ž.		4200 DUE TO
physic physic signed burial	, in light		Conditions, if any, which gave (b)
e price	3		rise to immediate cause (a), DUE TO
law nding beer the	=	1	last. (c)
the loatenate has been		2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
두으로양	3	CERTIFICATION	YES NO
aspital ar certificate hed far u	ě	崖	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
eriit so	3		OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
F 4 .5 5 5	5	MEDICAL	On THE OF INHIPY March Day Year 204 INHIPY OCCUPAND 200 DIACE OF INHIPY (Horses form 1 205 (City or town) (County) (State)
4 te te te	2	떭	Hour a.m p.m. 19 White of wark at wark
S to the second	3	1	21 Legitly that (I) (this haspital) attended the deceased from 1972 1997 to 11/4 1997, that (I) (we) last
E A A BE	=	/	sow the defeased alive on
OR ATTEN be retained DIRECTOR:)			22b. DATE SIGNATURE 22b. DATE SIGNED
OR be re	3		M.D. ATTENDING DIRECTOR STAFF DIRECTOR PHYS.
7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Š.	ı	22c. PHYSICIAN'S 22d. ADDRESS
RA B	e l		NAME (Type)
TO HOSPITAL OR ATTENDING Page 4 may be retained by the FORENCE After director, page 3 shauld be defector, page 3 shauld be defector.	5	23	BUR AL (REMATION 23b DATE THEREOF, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Pag Gire	218		REMOVAL (Specify) 1 11/10/07 Evergreen Eurlin Wordester
		,2	SUNERAL DIRECTOR ADDRESS 250. REGISTRAR 5 SIGNATURE 250. REGISTRAR 5 SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1139 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Delaware Wicomico MARYLAND Sussex CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 36 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar Salisburyth d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 901 W. State St. NO TA Peninsula General Hospital NAME OF 4 DATE Lost DECEASED W. (Type or pant) DEATH YEAR SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours 1894 Oct. WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired)

Housewife INDUSTRY Delaware own home 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME William B. Maddox Matilda Elliott 15. WAS DECEASED EYER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT Address Delmare Del. 16. SOCIAL SECURITY NO. no Mrs. Matthew J. Aydelotte INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY ONSE, AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause lost. 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 🖂 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) While Not While at work 21. I certify that (I) (this haspital) attended the deceased from ZCM, from couses and on the date stated above. saw the deceosed alive an and that death occurred at 22o, SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d, LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County)

O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After directar, page 3 should be filed v VR A15 (4) 20 M 1/66

24, hours after death

the death certificate be executed within

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signed by the burial-transit general, cremati

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24. FUNERAL DIRECTOR

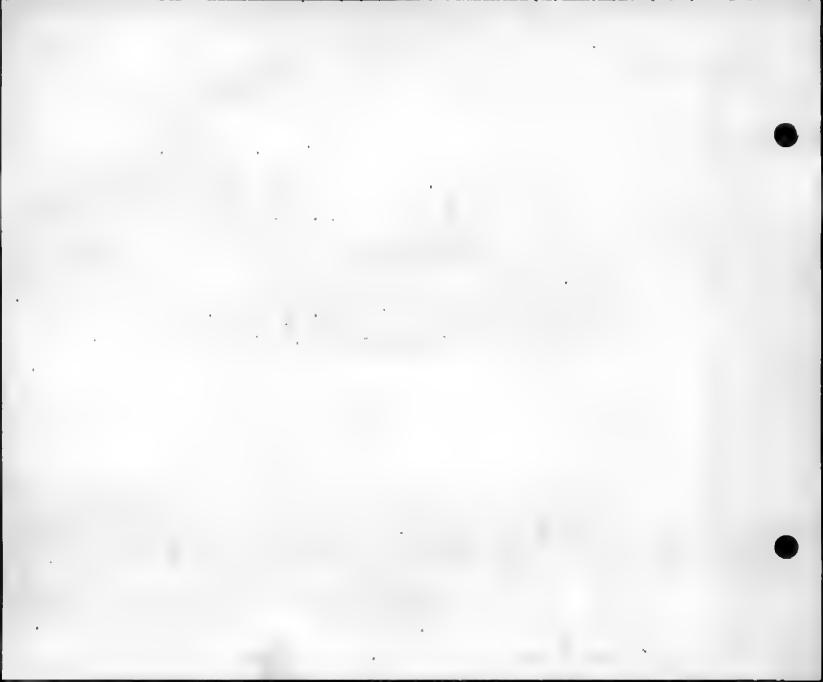
11/14/67

Laurel. Del.

. Stephens

2So. REC'D BY REGISTRAR

Delmar Sussex Del 2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13140 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Wicomico MARYLAND b CITY OR TOWN (If outside corporate limits, CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Peninsula Ganeral Hospital YES NO Middle Last 4. DATE Month Doy Year 19 6 HTASD (Type or print) IF UNDER I YEAR LIF UNDER 24 HRS AGE (In years 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED biothday) Months Doys WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, at fareign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war ar dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO month Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? I to welled strictures NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED (County) (Stote) Nat While factory, street, affice bldg, etc.) at work at wark 21. I certify that (1) (this haspital) attended the deceased fram 1/-/7. 47 19 ta 11-13-67. 19 that (1) (we) last saw the deceased glive an 1/-18-67 19 , and that death accurred at 5 P. M, fram causes and an the date stated above.

20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING I CAUSE OF DEATH

Hour a.m.

22a SIGNATURE

FITZ GERALI

22d, ADDRESS

MED. DIRECTOR

STAFF PHYS

22b. DATE SIGNED 11-18-67

22c. PHYSICIAN'S NAME (Type) 105eph

23a. BURIAL, CREMATION,

23c NAME OF CEMETERY OR CREMATORY

ADDRESS

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

director, page 3 should be filed v

that the death certificate be executed within 24 hours after death.

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O FUNERAL DIRECTOR: After this certificate

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3. NAME OF

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DECEASED

24. FUNERAL DIRECTOR

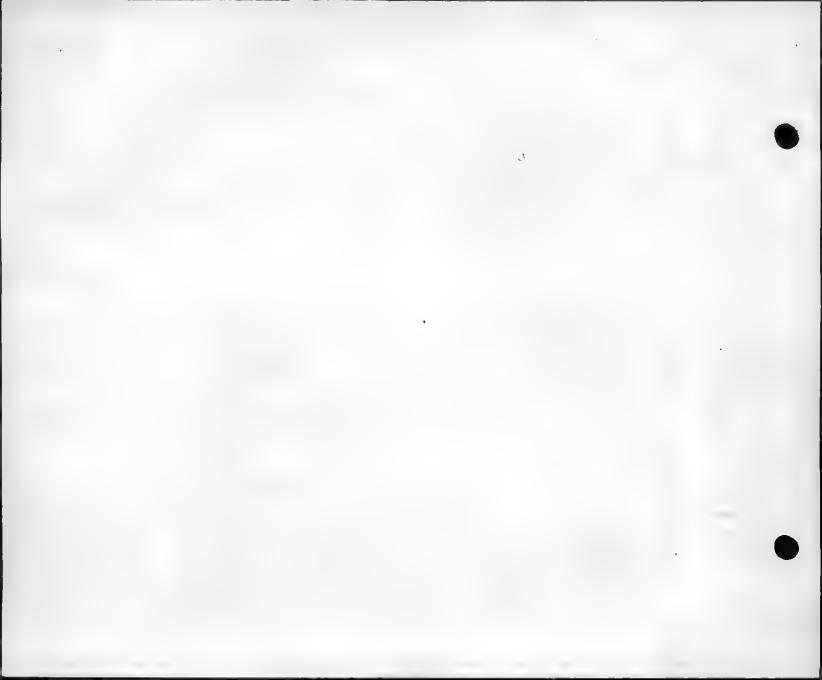
REMOVAL (Specify)

M.D

23d. LOCATION (City-or Town)

(County)

(Stote)



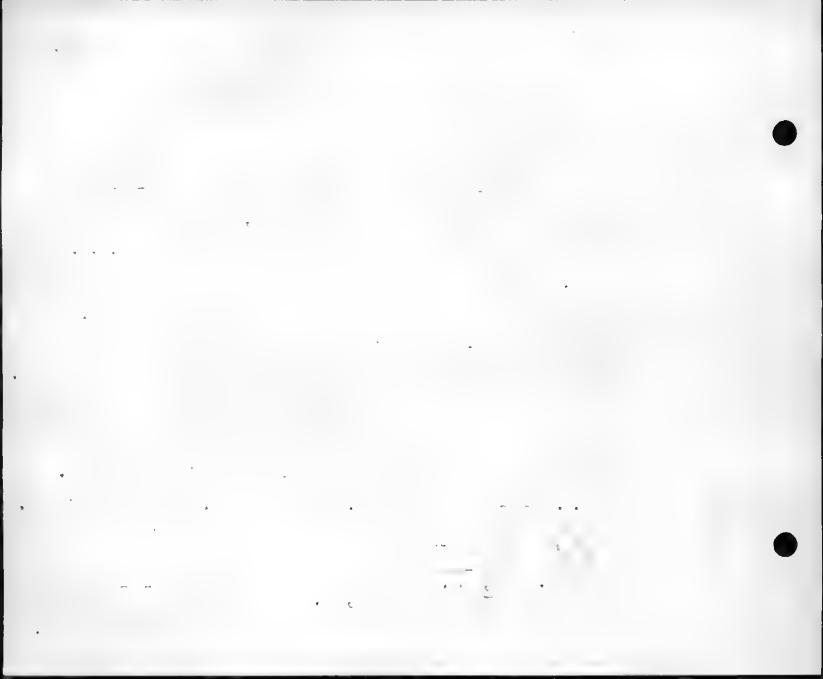
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13141

FUK STATE	MEDICAL CAMMINER & CERTIFICATE OF DEATH	
HEALTH DEPT.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finistiction Residence	before odmission
(4) 5	o. COUNTY O STATE _ B COUNTY	1
	Wicomico MARYLAND Pennsylvania b CITY DR TDWN (1 outside corporate limits, c LENGTH OF STAY N 1b c CITY DR TDWN (1f outside corporate limits, write RURAL and give i	accept to unl
2, and 2, and p. P.M3. Pagartment	write RURAL and give nearest town)	neotest town)
y del , and PM3. artme	Salisbury Darby	75
5 7 6	d NAME OF MOSPITAL OR INST TUTION (finotinihospital, give street address) a STREET ADDRESS	e S RES DENCE DN A FARM?
form form	Peninsula General Hospital 200 Black Mark Avonue	YES NO X
for death If a Give Pages 1 and with farm the State De	3, NAME OF First Middle Lost 4. DATE Month	Doy Year
haurs after death them 18. Give Page Office along with 1and 2 with the Star r death.	DECEASED	
after de 8. Give l alang w with the	(Type or point) Edith Novella Johnson DEATH 11-11-67	
T . =	S SEX 6 COLDR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years In UNDER No Months I	VEAR FUNDER 24 HRS Dovs Hours Min
24 haurs a in Item 18. Ir's Office al	F C WIDOWED DIVORCED January 28, 1922 15 vrs.	1,111
hours tem 18 Office o and 2 v	100 USUA, OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR 11 BIRTHPEACE (State of foreign country) 12 CTZ	ZEN OF WHAT
		NTRY?
	Operator Sewing Factor Maryland U.S.	- 4 -
within 24 pencil in caminiir's le pages houre affe	13. PATTER'S MAINE	
within 2: In pencil in Examinar's File pages 2 hours off	Charles M. Bickhead parah waters	
# E Z Z	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address	
ute lical	(Yes, no, or unknown) (If yes give wor or dotes of service) No Geraldine witchell Hebron M.	d
Id be executed within rid "pending" in pencil Chief Medical Examini - transit Bermit File page event within 72 hours	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)	INTERVAL BETWEEN
st the		ONSET AND DEATH
should be e ne ward "per a the Chief! burial-transit	IMMEDIATE CAUSE (a) Pulmonary edema	
shauld e ward r the Ch urial-tra	DOLIV	
shau e wa i the urial	Conditions, if ony, which gove (b) Crushed chest	20 min.
the state of the s	stoting the underlying couse DUE TO	
ficating ing ing ing ing ing ing ing ing ing	lost. (c)	
	PART I OTHER SIGN-F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
9 (. b 5) A	200 EXFERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Port L of Item 18.) PRIMARY OF DEATH CAUSE OF DEATH	PERFORMED?
	200 EXFERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Port L of Item 18.)	155 100 1
Ψ . P .	室 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Por	
		ruck.
■ ° ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	2 20c TIME OF INJURY Month, Doy, Year 20d INJRY OCCURRED 2 20e, PLACE OF INJURY (Home, form, 1 20f (City or fown) (Coun	rty) (State)
	Hour o.m. While of work of wor	omico Md
Page for you OR: Page al, cren	21. I certify that taok charge of the remains described above held an Autopsy , Inspection X, Inquiry X,	
Po Po for out, out,		and in my apinion
	death resulted form; Natural causes, Accident	
Mirra please e directol retained DIRECT ir ta bur	ACTUAL CHIEF MEDICAL EXAMINER	AD DARK CLOSED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
LEPUTY 1 censory, planting to the remain to	EXAMPLER'S Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER 11-13-67	
P S S S S S S S S S S S S S S S S S S S		
	230 BUR AL (REMAI DN. 236 DATE THEREOF 23c NAME OF TEMPTER OF (REMAIORY 23d LOCATION (City or Town) (C	(State)
E a to 5	REMOVAL (Specify)	
A.	Burial 11/18/ 67 Spring Hill Hebron Micomi	NATUREO M.d.
VR A15ME (5)	1. 1 - 04 . L 11 22 d NOV 2 D 1967 Tiller	Jog Jung.



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours ofter death.

Poge 4 may be retained by the hospitol or ottending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely they director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to bunal, cremotian, or removal, and in any event, within 72

and 2

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

13143

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	PLACE OF DEATH					2. USUAL RESIDENCE (Y	Where dece	eosed lived, if institu	t on Resident	e before odmissi	ion)
,		comico		MARYLA	ND		rland	b. COL	Somer	cet.	V
b	, CITY OR TOWN (If outside corporate limit	is,	C LENGTH OF STAY IN T	1b	c CITY OR TOWN (If ou					
	write KUKAL on	give neorest town)		8 davs		Davis	2055	Amma			
		AL OR INSTITUTION (If n	of in hospital, a			d. STREET ADDRESS	10622	Anne		T e IS RESI	DENCE
		•	1 , 5		1	[9-			ON A F	FARM?
3 1	NAME OF	er's Head S	state Ho	OSDITAL Middle		Box		- 11-	. 41		
-	DECEASED		ORENCE	MARY		JONES	4 DATE OF	-			60r
S 5	Type or print)	6 COLOR OR RACE					DEAT		L1. T IF UNDER 1		67
} ~	-		7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	_	9. AGE (In years last birthday)	Months	Doys Hours	Min,
- 0	F	W	WIDOWED		ر	JAN. 26, 189		74 yrs			
10a. durii	USUA. OCCUPATION na most of working	l (Give kind af work done life "execut.retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County				izen of What Intry?	
		HOME		/OSIKI		PRINCESS		NE, MD.		S.A.	
	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
	RALPH 1	3. CULLEN				LAURA Mc	INT	YRE			
15.	WAS DECEASED EVE	RINUS ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17 II	NFORMANT		Add	ress		
(16:	s, по, аг ипкло м пј	(If yes give wor or dotes	of service)	N	RS	CALVIN WH	TTTE	FRUITI	CIN A.T	MT	
7	18. CAUSE OF D	ATH (Enter only one co	use per line for		P1 1 R	01121 211	444	X 110 1 1 2	141111	INTERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY	0	pticemia						ONSET AND I	DEATH
	454	X IMMEDIATE CAUSE	(*)) DICCHILD						6 days	5
	Conditions, if any	which gove)	Gan	ngrene of le	eft	leg				10 day	7 5
	rise to immediat	e cause (o), ((b)								
	stoting the unde	lying couse		bolus left i	ilia	ac arterv				3 week	- C
-	di-Marya.	CHIEFCANT CONDITIONS (17			THE TERMINAL DISEASE CON	IDITION CI	NESS IN DADT 1(a)		19 WAS AUT	
충				J DEATH BUT NOT KEEPIL	ED TO ,	TE TERMINAL DISEASE CON	ADITION G	YEN IN FAKE I(O)		PERFORM	MED?
\$		ral thrombo		rease tions million occi	IDDED (P at D			YES 🗍	NO X
CERTIFICAT		☐ CAUSE OF DEATH	ZOD DES	CRIBE HOW INJURY OCCU	JRKED. ((Enter noture of injury in I	Port 1 or P	ert II of item IB)			
		MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJI	JRY Month, Doy, Yeor n.	20d INJ While	UURY OCCURRED 20		CE Of INJURY (Home, form ory, street, office bldg., etc.)		(City or fown)	(Сои	nty)	(Stote)
E	1 q	n 19	at work	ot work							
	21 certi	y that (A) (this has	pital) attend	ed the deceased fro	om UC	tober 24 ,1	967	to Novembe	r 1196	7, that 🐧 (we) last
		eceased alive on N	ovember	_1_19 <u>67</u> , and	d that	death occurred at	4:25 F	M, fram causes	and on th	e date stated	d abave
	220 SIGNATURE		.11.	4		ATTENDING	MED	STAFF _	_	TE SIGNED	
		N-M	heale	人,	M D	PHYS	DIRECTOR	PHYS 5	0 11/	2/67	
	22c. PHYSICIAN'S NAME (Type)	T W Mol	Jana M	D		22d. ADDRESS				ary Land	
_	MARIE (17pe)		dve, M.	D.		Deer's H	lead S	State Hos	pital,	Salisb	ury,
	BURIAL, CREMATIC		EREOF	23c NAME OF CEMETER				LOCATION (City or To		,	Stote)
	BURTA (Specify	11/3/	/1967	MANOKIN	PR	RES. CEMET	ERY	PRINCE	ESS AN	INE, MI).
24.	FUNERAL DIRECTO	R		ADDRESS		25o. REC'D	BY REGIS		EGISTRAR'S St		1
	LEVIN F	. WILSON	PRIN	CESS ANNE	3/	ATD DAKENY	6	1967 27	lance	udge	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		25155 CERTIFICATE OF DEATH 19144
)		PLACE OF DEATH O. COUNTY WICOMICO MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if Institution Residence before admission) b. COUNTY WICOMICO MARYLAND
80		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 C LITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
5	5	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) / Deninsula General Hospital d. STREET ADDRESS e IS RESIDENCE ON A FARMA YES NO NO NOTE OF THE PROPERTY OF THE P
	5 5	NAME OF DECEASED DECEASED OF SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Decease Dece
	13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 17 INFORMANT 17 INFORMANT 18 Address 19 Address 19 Address 10 SOCIAL SECURITY NO 17 INFORMANT 10 MOTHER'S MAIDEN NAME 11 MOTHER'S MAIDEN NAME 12 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 17 INFORMANT 17 INFORMANT 18 MOTHER'S MAIDEN NAME 18 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME 11 MOTHER'S MAIDEN NAME 11 MOTHER'S MAIDEN NAME 12 MOTHER'S MAIDEN NAME 13 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 17 INFORMANT 17 INFORMANT 18 MOTHER'S MAIDEN NAME 18 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME 11 MOTHER'S MAIDEN NAME 12 MOTHER'S MAIDEN NAME 12 MOTHER'S MAIDEN NAME 13 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 17 MOTHER'S MAIDEN NAME 17 MOTHER'S MAIDEN NAME 18 MOTHER
		INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)
3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
	AL CERTIFICATION	205. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. TIME OF INJURY Month, Boy, Year 206. TIME OF INJURY Month, Boy, Year 206. TIME OF INJURY Month, Boy, Year 207. TIME OF INJURY Month, Boy, Year 208. PLACE OF INJURY (Home, form, 207. (City or town) (County) (Stote)
	MEDICAL	Hour o.m. P.m. 19 While Not While of work of work of work
		21. I certify that (1) (this hospital) attended the deceased from 1/-/7-1967, to 1/-/-1967, that (1) (we) lost saw the deceased olive an 1/-/8 1967, and that deoth occurred at 6/10 PM, from causes and on the date stated obove. 220. SIGNATURE JULY REPORT
		ATTENDING MED STAFF & //-18-67
	02.	22c. PHYSICIAN'S JAMIES F. STOOGROOM 22d ADDRESS NAME (Type) JAMIE

TO FUNERAL INRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers, Pages Pand 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after agent. Page 4 may be retained by the haspital or attending physician.

24. FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

ADDRESS // //O

REC'D BY REGISTRAR 2 NOV

REGISTRAR'S SIGNATURE 2Sb. 1967



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON-STREET, BALTIMORE, MARYLAND 21201

	10158	lter	MED,			CERTIFICATE O		1	0145
	PLACE OF DEATH a. COUNTY	Wicomico		MARY	YLÂND	. CTATE	Where deceased lived if r	COMMITM	elaware
	write RURA, on	f outside carparate limit d give nearest town) ISDULY	S,	c LENGTH OF STAY +	N 1b	,	tside carparate mits, with	9	e nearest town)
	d NAME OF HOSPIT	AL OR INSTITUTION (Him			,	d STRIET ADDRESS	20200 //**		B IS RESIDENCE ON A FARM?
2		insula Ge					ence Ave.	**	YES NO
	NAME OF DECEASED (Type or pont)	Tegid	rst	(none)		Jones	DEATH NO 10	Month	Day Year / 8 19 6 7
١.	Male	White	7 MARRIED WIDOWED	NEVER MARRIES D VORCES		DATE OF BIRTH June 4,190	9 AGE (In yellost birthd	ars IF UNDER ay) Manths yrs.	Days Haurs Min
		Y (G ve kind af wark dane "To even if retired) DIL REFI		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (Store N. Wail	or foreign country) es, Eng.		TZEN OF WHAT
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I			
	P	ryce Jone	S			Sophi	la William	lS	
		R IN U.S. ARMED FORCES? (If yes give war or dates of WW II	of corvied y	SOCIAL SECURITY NO 30-12-832		rs.Blodwer	Jones	Address Same a	s 7,12
	Canditions, if any rise to immedial stoting the unde last.	rlying couse DUE	(a) 9 10 (b) 10 (c)	ushot u	10eui	0	ast		INTERVAL BÉTIMEEN OBSET AND DEATH
ICATION		•					NOITION GIVEN IN PART 1		PERFORMED? YES NO
MEDICAL CERTIFICATION	20g EXTERNAL CA PRIMARY DA or CO CAUSE OF DEATH.	NTRIBUTING	20b DE	Shotin C	hes'	t by we	Part I or Part II of Hern I	soaila	ut.
MEDICA	7:0P		While at wari	at work	7,7/,	F OF NJUM (Home, form ry, street, office bldg., etc.) ng 5 + a + i = n	Salis	beirgi	We. Md.
		y that I taak charg	_					Inquiry 🔯,	and in my opinian
	death resul	ted tram. Natur	couses	, Accident	, Suici	de [], Hamicide CHIEF MEDICAL		d manner L	.]
	ACTUAL	H.O. 40	· Lu	alua			ICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S NAME (Type)	Philo	A.I.	15/24		Address (Street	L EXAMINER (County)		11-18-67
	BUR AL, (REMAT (REMOVAL (Specify Bur a L)	11-8	PFOF 4-1967	1/AJAWII/V	rest		Bookhaya	or Town)	(County) (State) isconsin Pervia
24	Thomas	F. Wall	ace	Salisbur	v. N	_ N	0V 2 1 1967	b REGISTRARSS	IGNATURE

Salisbury, Md.

VR A15ME (5) 6M 1/66

may be retained for your files.

TO DIPIDITY MA

FOR STATE HEALTH

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Heolth or its designated agent, prior to burial, cremation, or removal, and in any event within 72 house of

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TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File

necessary, please execute the certificate, writing the word "pending" in pencil n frem 18. Give Pages 1,

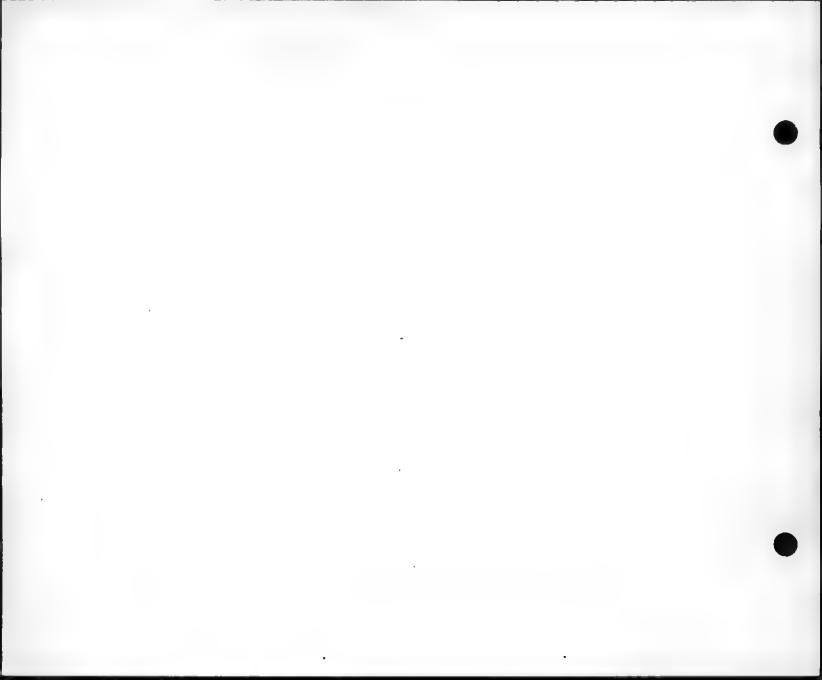
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with

IL EXAMINER: This certificate should be executed within 24 hours after death If

-EM3 Poge

form

delay is and 3 to



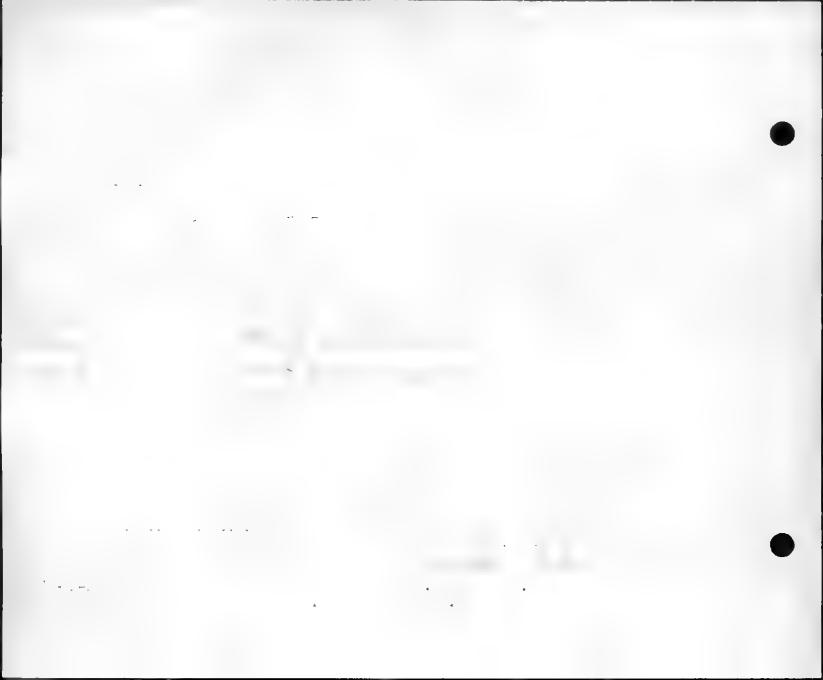
FOR STA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

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FUR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.		outian. Residence before admission) UNITY Wicomico
hy delay is 2, and 3 ta Page	b CITY OR TOWN (If autside corporate limits, write RURA) and pre-yearest town) MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURA) and pre-yearest town) Tyaskin	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Route # 1 Box 75	e IS RESIDENCE ON A FARM? YES NO
hours after death. If of tem 18. Give Pages 1, Office along with farm land 2 with the State Design death.	OFCEASED (Type of print) Walter R Larmore OF DEATH DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years	1-16-67 19 IF UNDER 1 YEAR IF UNDER 24 HRS
24 hours ar in Item 18. pr's Office alges I and 2 wifer death.	M C WIDOWED DIVORCED 8-17-17 las birthday) 100. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) Laborer Seafood MaxVZ	Manths Days Maurs Min 12. CITIZEN OF WHAT COUNTRY 2
d b executed within 24 d "pending" in pendi in Ch'ef Medical Examiner's transit permit, File pages event within 72 haurs after	Laborer Seafood 724/272 13 FATHERS NAME Rubert Lamore 14 Mothers Maiden Name Rubert Lamore Pest	
Id bill executed within rid "pending" in penal Ch'ef Medica! Examine transit permit, File page event within 72 haurs	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no or unknown) (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one cause per une for (a), (H) and (c)).	White/Jakn, M.
sllould b≡ e te word "pen a the Chef h burial-transit a any event v	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO DUE TO	ONSET ANT CIEST
ertificate silould writing the word warded to the Ct sed as a burial-tre ral, and in any ev	Conditions, if any, which gave nse to immediate cause (a), stating the underlying cause last.	Jan
	PART I OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(a)	I 9 WAS AUTOPSY PERFORMED? YES NO
### Per p		(Caunty) (State)
XAM ute th uge 4 yaur yaur Page cremat	Haur o.m. pm. 19 While Not While factory, street, affice bldg, etc)	quiry y, and in my apinian
- × - 0 0	death resulted from: Notural causes Accident , Suicide , Homicide , Undetermined	monner
~ ~ ~ ~ ~ ~	ACTUAL SIGNATURE EXAMINED RAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	22. DATE SIGNED
TO DEPUTY necessary, the funera 5 may be 70 FUNERA Health pri	23d. BURIAL (REMATION, 41936, DATE HARRESE AVE 23c MANEON REMATORY 23d LOCAT ON (CITY OF REMATORY) 23d LOCAT ON (CITY OF REMATORY) White Carry	
VR A15ME (5)		REG STRAK'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		18158 CERTIFICATI	E OF DEATH	15147
		PLACE OF DEATH o. COUNTY WICOMICO MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if in a c. STATE Delaware	stitut on Residence before admission) COUNTY SUXXOR
	1	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write Roxana	
		d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Peninsula General Hospital	d. STREFT ADDRESS	e is residence on a farm? Yes \(\) no \(\)
		NAME OF First Middle DECEASED (Type or print) Baby Girl L	-EWIS DEATH NOI	Manth Oay Year WEMBER 5 1967
	F	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED & DIVORCED DIVORCED		y) Manths Days Hours Min.
	dun	ang most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign country) Wicomico, Marylar	12 CITIZEN OF WHAT COUNTRY?
		FATHER'S NAME RXXXXXX John W. Lowis	14. MOTHER'S MAIDEN NAME Winona Johnson	Address
	15. (Ye	as, na, ar unknawn) (If yes give wor or dates af service)	ohn W. Lewis Selbyv	rille, Del RD
		18. CAUSE OF DEATH (Enter only one cause per me for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave)	- (a lb.)	INTERVAL BETWEEN PASET AND DEATH THE 22 THE
		rise to immediate couse (o), stating the underlying cause lost. (c)	·	
j	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		YES NO
	AL CERTIFI	OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I ar Part II of item 18	·
	MEDICAL	Hour o.m. 19 While Not While of work of work	ACE OF INJURY (Home, form, ctory, street, affice bldg , etc.)	
		22o. SIGNATUSE	at death accurred at 9.240 M, fram cau ALD PHYS. DIRECTOR STAFF PHYS.	ises and an the date stated above
1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	230	D. BURIAL CREMATION, PROPERTY OF LIFE OF LIFE OF ROXADA	Roxana	
	24	A FUNERAL DIRECTOR APPORESS	16- 1 1250 NEIST BY-REGISTRAP 67 251	b. REGISTRAR'S SIGNATURE

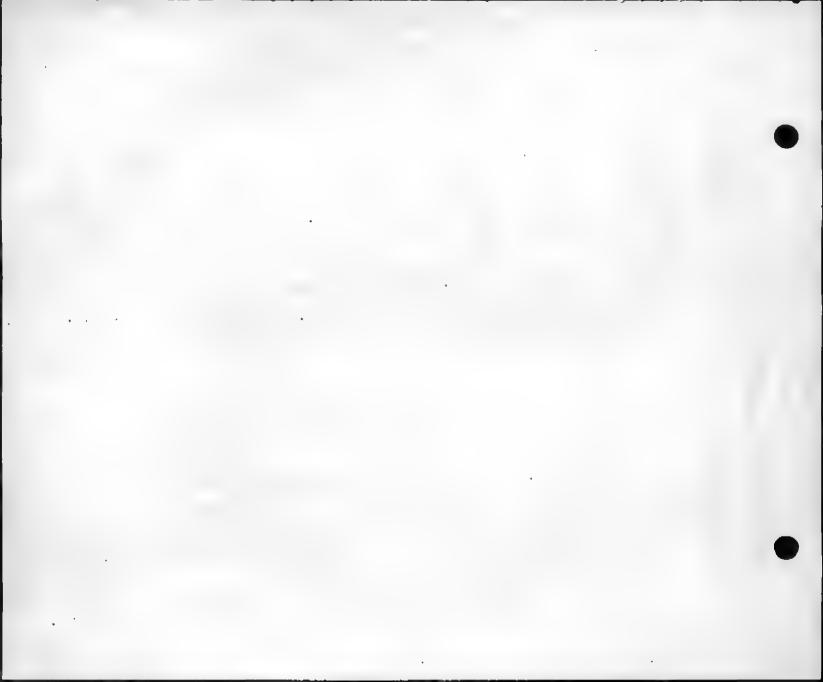
DATE

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbos should be filed with the State Dept. of Heolth prior to buriol, cremotion, or removal, and in any event, wi VR A15 (4) 20 M 1/66

to Hospital or Attending PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

or filled in by the fur compagers. Poges It within 72 hours after



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Wicomico o. COUNTY o. STATE **b** COUNTY Page Delaware nt of MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, ond D.O.A. Selbyville Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? forwarded to the Chief Medical Examiner's Office along with formin Item 18 Give Pages 1, Peninsula General Hospital YES NO IP permit. File pages Tond 2 with the State NAME OF Firs1 Middle 4 DATE Month Lost Year DECEASED OF Lillard 11-17-67 Henry (Type or print) DEATH 19 X IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARR ED 8. DATE OF BIRTH AGE (In years lost 26 birthdoy) Months Doys event within 72 hours after death WIDOWED DIVORCED 2-16-41 10o USUAL OCCUPATION (G-ve kind of work done 12 CITIZEN OF WHAT 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) COUNTRY during most of working ife, even if retired) Poultry Laborer FATHER'S NAME 14 MOTHER'S MA DEN NAME in pencil WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO INFORMANT (Yes, no, or unknown) lift yes give wor or dates of service) pending 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) buriol-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Sudden Crushed chest IMMEDIATE CAUSE (b). writing the word DHE TO duy Conditions, if ony, which gave use to immediate cause (a). = DUE TO 0 stating the underlying couse oud 19 WAS AUTOPSY cremation, or removol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? the certificate, NO K þe þe 200 EXTERNAL CAUSE WAS PRIMARY LAW CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of term 18) 3 should Model CAUSE OF DEATH. Driver of car involved in a collision with another car MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) Hour o.m. foctory, street, office bldg., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Poge at work ot work 5:45 POPM Highway 113 Hishon 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X and in my apinian Health prior to buriol, death resulted from Natural causes Accident X Susade Hamicide | Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAM NER **SIGNATURE** fumeral

0 VR A15ME (5) 6M 1/67

necessary,

the

FUNERAL DIRECTO

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23o. BURIAL CREMAT ON

Royer,

CREMATORY

2Sa REC'D BY REG STRAR

LOCATION (City or Town)

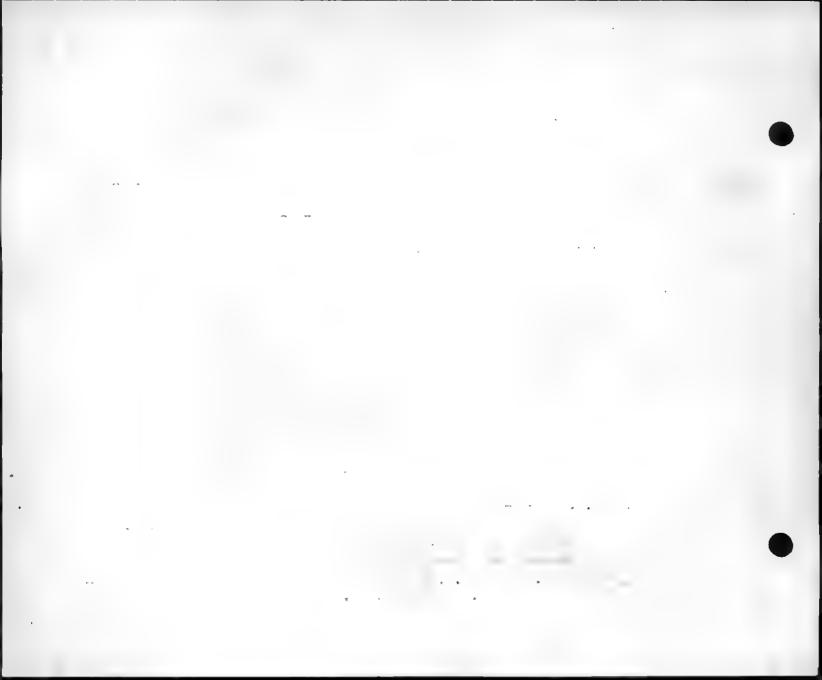
DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

25b REGISTRAR S SIGNATURE

(Stote)

11-18-67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16149 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Wicomico WICOMICO MARYLAND b. CITY OR TOWN (if autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give recrest town)
Salisbury SALISBUR d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS ON A FARM? 503 LOBLOLLY LANE Peninsula General Hospital YES | DATE Year Lost Month (Type or print) IF UNDER 1 YEAR AGE (In years 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED last birthday) Months Hours Doys WIDOWED DIVORCED DECEMBER 1901 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
RETTRED COUNTRY? U.S.A NEW YORK CITY. NEW YORK 14 MOTHER'S MAIDEN NAM 13 FATHER'S NAME 16. SOCIAL SECURITY NO 17. INFORMANT 503 LOBLUTEY LANE

	DAV	ID	LI	PKIN	
_			*** * * * **		ij

a. COUNTY

3. NAME OF

S SEX

DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) SALISBURY MARYLAND

INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO ASCV. Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Doy, Year

20d INJURY OCCURRED Not While

20e PLACE OF INJURY (Hame, farm, 20f (City or town)

at work at work 2). I certify that (I) (this haspital) attended the deceased from 11-23 , 19 6 12, ta. ., 19___, that (I) (we) last and that death accurred at 10 490 M. from causes and on the date stated above. saw the deceased alive an

22a SIGNATURE 22c PHYSICIAN'S

ATTENDING 凶 M.D. 22d. ADDRESS

foctory, street, office bldg., etc.)

DIRECTOR PHYS. 22b. DATE SIGNED

(County)

NAME (Type)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town) (County) PINELAWN. NEW YORK

(Stote)

NO

(State)

FUNERAL DIRECTOR

Hour om.

BETH MOSES 6010 REISTERSTOWN

2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

director, page 3 shauld should be filed with the

requires that the death certificate be executed within 24 haurs after

Deged D

and in any event,

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Filed

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signed by the attending physi burial-transit permit. Then pl burial, cremation, or remaval,

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MEDICAL

by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16150

a. COUNTY D. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b C. CITY OR TOWN (N outside corporate limits, writer RURAL and give pearest tawn)	ote limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits)	ote limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest fawn)	ote limits, write RURAL and give nearest town)
WITE RURAL and give pearest fawn)	4
08 E \	
> 3 E SALISBURY SALISBURY	
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospita, give street address) d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
115 Chest NL	17 ST, YES NO DE
3 NAME OF FIST Middle .ost 4 DATE OF DECEASED (Type or print) MARTHAR TONGING DEATH OF DECEASED (Type or print) MIDOWED DIVORCED PRE'S 18, 1920 10a US.AL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Manth Doy Year
3 NAME OF DECEASED Windle Cost 4 DATE OF DECEASED OF LONGING DEATH	11 25 1967
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 6 DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
O S S S S S S S S S S S S S S S S S S S	last buthday) Months Days Haurs Min.
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4-7 Yrs
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH WIDOWED DIVORCED Apr. 1 18, 1920 10a USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) NO SEX 10 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 DATE OF BIRTH DONEST 1 BIRTHPLACE (Stote or foreign and stote of seven if retired) NO JSTRY SAL'S GUELLE AND STRY SAL'S GUELLE AND ST	rauntry) 12 CITIZEN OF WHAT
during most of warking life, even it retired) DOUGSTIC SALISBURY SALISBURY	COUNTRY?
13. FATHER'S NAME	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECASED EVER IN U.S. ARMED FORCES? 19. E. T.	247
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
(Ver no graph power) (If we give war or dotes of service)	To 3 oliun st.
(Yes, no, ar unknown) (If yes give war or dotes af service) 2/3-14-6680 Benjamin Langin	
18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. 1 MMEDIATE CAUSE (a) Green Shot wound of the part of the par	1 Leeacl ONSET AND DEATH
Conditions, if any, which gave isset a immediate cause (a), Station the underlying rates	
rise to Immediate cause (a), DUE TO	
stating the underlying cause (c)	
	The Dept. 1/-> 10 Was allifolds
PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE TO THE TERMI	PERFORMED? _
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C I DOMANO OF A CONTRIBUTION OF	yt II af item 18.)
PRIMARY OF CONTRIBUTING Journey dead in the	one
The state of mallow of the state of the stat	(City or town) (County) (Store)
Thou o.m. 11-25 1967 While at work of twork to the process of the	Called Lance Mind
	Jacob Lety 1
21. I certify that I taak charge of the remains described above, held an Autapsy	
death resulted fram: Natural causes , Accident , Suicide , Hamicide ,	Indetermined manner
CHIEF MEDICAL EXAMINER	
	NER : 22. DATE SIGNE
EXAMINER'S ON A + 1 DEPUTY MEDICAL EXAMINE	
EXAMINER'S NAME (Type) Address (Street, city, town and the control of the contro	, or county)
23g. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME of CEMETERY OR CREMATORY 23d L	OCATION (City ar Tawn) (County) (State)
2 = = P = BURISH 11-30-67 Green Acre Uem. Pk. 5	Alisbury Loico Mel.
24. JUNERAL DIRECTOR 250 RELD. BY REGIST	
VR A15ME 459 N LOWITH B. Jolley 508 1 Table 50 DEC 4	1961 Joseph Judge



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	19162 CERTIFICA	TE OF DEATH	15151
	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution	
	a COUNTY Wicomico MARYIAND	o. STATE Virginia b. COUNTY	Accomack
	b CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carporate limits, write RURA	L and give nearest tawn)
	b CITY OR TOWN (If outside carparate limits, Write RURAL and give nearest town) SALLS DULLY	Wachapreague	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
	Peninsula General Hospital		YES NO X
	NAME OF First Middle DECEASED	Last 4 DATE Month	Day Year
L	(Type or print) _lizabeth Taylor	MEARS DEATH NOVEM	BER 1 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last huthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min
	Female White WIDOWED X DIVORCED	10/20/1901 66 yrs	
10c	a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 10b kind of working life, even if retired) 10b kind of BUSINESS OR 10b kind of kind	11 BIRTHPLACE (County & State, or fareign country)	12 CITIZEN OF WHAT COUNTRY?
	Nousewife Domestic	Accomack Co., Virgin	ia USA
13.	. FATHER S NAME	14. MOTHER'S MAIDEN NAME	
10	Custis Taylor	Minnie Hopkins	
(A)	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 es, na, ar unknawn) [(If yes give war ar dates af service)]		
		Mrs. Wyllie Thornton Wa	
	18 CAUSE OF DEATH (Enter only one cause per rige for (a), (1), and (c)) PART I. DEATH WAS CAUSED BY:	h. (a) - D.	INTERVAL BETWEEN ONSPI AND DEATH
	IMMEDIATE CAUSE (a)	ama anjuncianos)	10/3016/
	Conditions of any sublish ages a	O dyna	
	rise to immediate cause (a),	an Assessment	0
	last (c) (lcute See	baroclinoed Scuprile	age 10/30/67.
NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
CATION	Curoued Kheening	loed Willielle	YES NO X
CERTIF	OR CONTRIBUTING CAUSE OF DEATH	RED (Enter nature of injury in Part I ar Part II of item 18.)	·
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, 20f (City ar tawn)	(Caunty) (State)
ME	Haur a.m. p.m. 19 While Not While at wark at wark	factory, street, affice bldg., etc.)	1 ~
	21. I certify that (I) (this haspital) aftended the deceased from	n 5/6 , 19/6/2, to 1/1	, 19 <u>6</u> , that (I) (we) las
	saw the deceased alive on 1913 1910, and		nd on the date/stated above
	220. SIGNATURE	M.D. ATTENDING MED STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S RUFUS SGARGNERJ	P 22d ADDRESS CICALGENT	ER SALISWRY 4
23	O BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City or Town	n) (County) (State)
B	DEMONIAL (C L)	ague Cemetery Machapres	ague Acco. Va.
	4. PINERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b REGI	STRAPES SIGNATURE
1	John I Williams Onancock, Vin	rginia NOV 3 1967 /	Lank son

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled un director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban paper should be filed with the State Dept. of Health prior to burial, crematian, or remayal, and in any event, within 72. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	4	0163	CERTIFICATE	OF D	EATH		1	\$152
		ACE OF DEATH COUNTY Wicomico	MARYLAND	2. USUAL 1 o. STATE		deceosed lived, if institu b. COI		before odm ssion)
		CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) SALISBURY	c LENGTH OF STAY IN 16	620	RGETE	orporate limits, write RI	URAL ond give n	24
	C	NAME OF HOSPITAL OR INSTITUTION (If not in hospitol Peninsula General	, , , , , , , , , , , , , , , , , , , ,	d. STREET	ADDRESS 7 N. K	RACE		e IS RESIDENCE ON A FARM? YES NO Z
	S 5	IAME OF PESTON FOR PRINTED FIRST PRINTED FOR PRINTED F		Loss 1 C 1 b 1 DATE OF E	qum i)F	m be e if UNDER I Y Months D	Doy Year / 7 19 6 7 /EAR IF JNDER 24 HRS Doys Hours Min
	10o duri	USUAL OCCUPATION (Give kind of work done ig most of working life, even if retired)	KIND OF BUSINESS OR - INDUSTRY IBLI C UTIL ITY	Ν.	y. C.	e, or foreign country)		EN OF WHAT
	C 15	, no, or unknown) (If yes give wor or dates of service)	10 00 - 77	FORMANT	ry Sh	Add	SS 4	
		IB. CAUSE OF DEATH (Enter only one couse per line from PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) OUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. (c)	or (0), (b), and (c).) Lit ventrices but	lroi	Schwill Sensons	The Med	BAYM	INTERVAL BETWEEN ONSET AND DEATH
/	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO TH	e Terminal	4	N GIVEN IN PART I(0)		19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ 00 CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMENER)	DESCRIBE HOW INJURY OCCURRED. (E	nter noture	of injury in Port I	or Part II of item 1B.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d White p.m. 19 at w	ile Not While foctor		(Home, form, ice bldg., etc.)	20f. (City or town)	(Count	ty) (Stote)
		21. 1 certify that (I) (this hospital) attes	ended the deceased from/ /67_19, and that	deoth o	7, 19 curred_ot_&	to 1//7/ M, fram cause:	s and on the	_, that (I) (we) lase date stated above
1		220. SIGNATURE 220. PHYSICIAN'S NAME (Type)	M.D.	ATTENDI PHYS. 22d. A	MED. DIRECT	TOR STAFF PHYS.	22b. DATI	8/67
	J	BURIAL CREMATION, 236 DATE THEREOF SEMOUAL (Specify) 20 NO U67 FUNERAL DIRECTOR THEREOF DOCUMENTS OF THE PROPERTY OF THE PRO	23c. NAME OF CEMETERY OR CR LINION ADDRESS Beorgeton A	REMATORY		CEPRGETON (City or 1) SEPRGETON (City or 1) SEPRGETON (CITY OF 1) SEPRETON (CITY OF 1) SEPRET		County) (State) E L Q INATURE

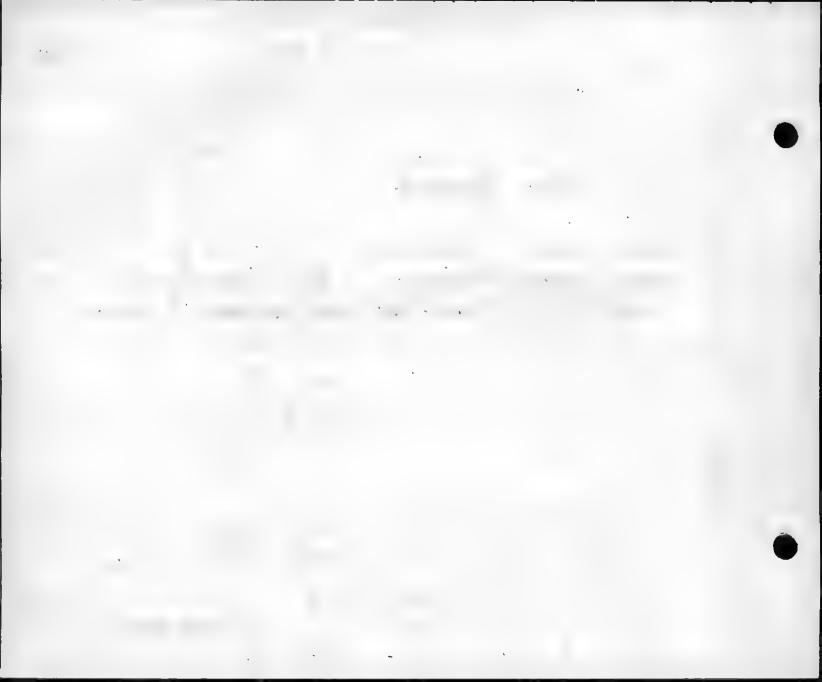
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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offer death

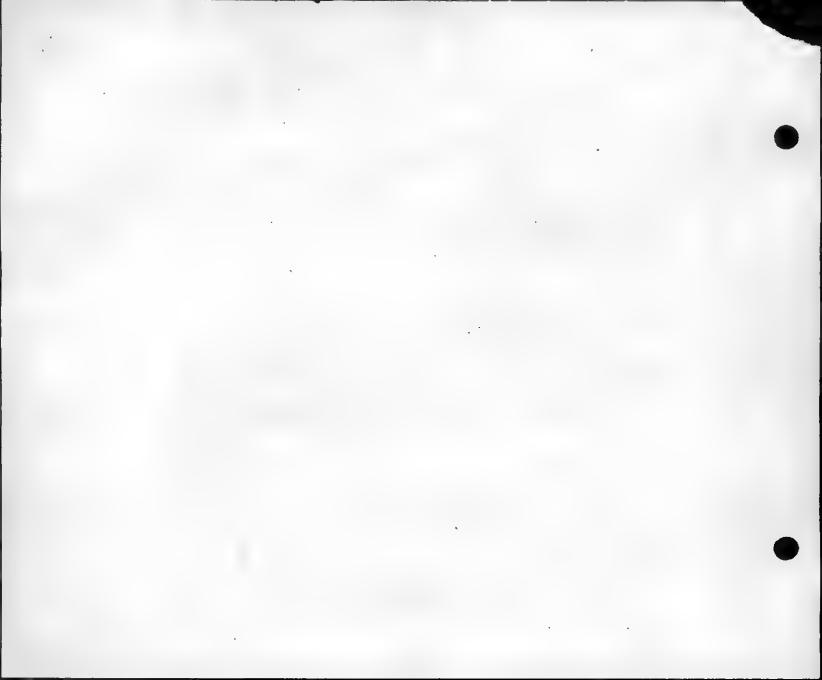
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	$ \mathcal{I} $		10164	CERTIFICATE	OF DEATH		10153
r death uneral l and er death			ACE OF DEATH COUNTY Wicomico	MARYLAND	a. STATE	Where deceased lived, if institution b. COUNTY	
ov the full pages 1		Ь	CITY OR TOWN (If autside carparate limits, awrite RURAL and give nearest town)	c. LENGTH OF STAY IN 16	CITY OF TOWN (IF o	utside corporate limits, write RUF	(At and give nearest town)
filled in by the papers. Pagers. Pagers. Pagers. Pagers. Thin 72 hoors	,		NAME OF HOSPITAL OR INSTITUTION (If not on hospital Peninsula General Ho	- [d. STREET ADDRESS) # /	e IS RESIDENCE ON A FARM? YES NO
within stely fill srban p t, withi		0	ME OF First (CEASED Apple of pnnt) Apple	Middle NE	LSON	4. DATE MONTO	her 6 1967
xecuted with campletely nave carban ny event, wi		5 5		D NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR 1F UNDER 24 MRS. Manths Days Hours Min
that the death certificate be executed within 24 haurs after death an. by the attending physician and campletely filled in by the funeral ransit permit. Then please remave carban papers. Pages I and crematian, or remaval, and in any event, within 72 hoors after death				KIND OF BUSINESS OR INDUSTRY		y & State, ar foreign country) For Mary (344)	12 CIT ZEN OF WHAT COUNTRY?
th certificate k ling physician . Then please remaval, and		13.	Makingrun		14 MOTHER'S MAIDEN	NAME	
ne death cer attending p permit. The ian, or rema			VAS DECEASED EVER IN U.S. ARMED FORCES? na, or unknawn) (If yes give war or dotes of service)		Normal C	herrix Sacu	14:11, MIL.
s that the d cian. d by the att -transit pen , crematian,			18. CAUSE OF DEATH (Enter only one couse per the PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	For (a), (b), and (k))	of Cervy	× with	INTERVAL BETWEEN ONSET AND DEATH
quires the physician igned be ourial-tra			onditions, If any, which gave (b) (b)	Pulm	mary o	Metastas	2/31
law received in the second sec			DUE TO (c)	C TO DEATH BUT NOT OTHER TO THE	TERMINAL DIFFASE CO	ANDITION: CIVEN IN PAOT 1/-1	19 WAS AUTOPSY
The sat at the part of the par		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				PERFORMED? YES NO
日徳港では			OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (En	OF INJURY (Home, for		(Caunty) (State)
by the has ther this ce be detache State Dept.		MEDICAL	Haur o.m. When the p.m. 19 at w	nite Nat While factory	, street, office bldg., etc		
ATTEND tained TOR: All			21. 1 certify that (I) (this hospital) attraction and the deceased alive on 220 SIGNATURE		death accurred a	t 73/M, from causes	ond an the date stated above
ral OR / nay be re al DIREC page 3 s e filed wi			22c PHYSICIAN'S	M.D.	ATTENDING PHYS. 22d. ADDRESS	DIRECTOR PHYS.]
A TER		23a	NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) ACCOUNTS	23c. NAME OF CEMETERY OR CR	EMATORY	23d. LOCATION (City or To	wn) (County) (State)
	NO.		REMOVAL (Specify) NOV 9 1967 FUNERAL DIRECTOR	Coolspring M ADDRESS M	ethodos 7 250. REC		GISTRAR'S BIGNATURE
VR A15 (4) 20 M 1/66	U		Banese F. Warners	Snow Hill 14	O. DATE	NOV 9 1967	Icharles Judge



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

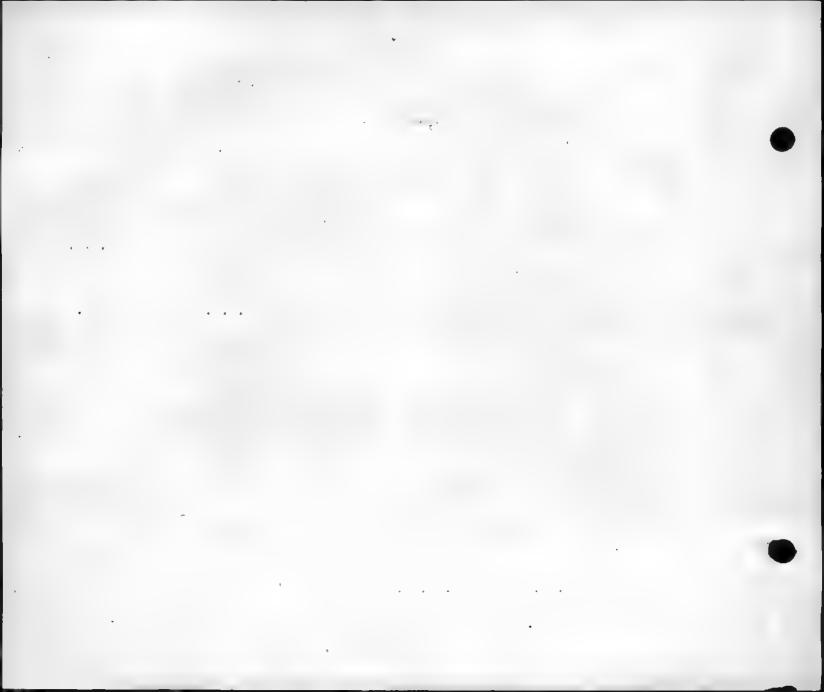
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CERTI	FICAT	TE 0	E D	F A T	111
LPKII	IFII AI	P 1.1	P 13	P 0 1	н

16154

1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o COUNTY Wicomico MARYLAND	o. STATE Maryland b COUNTY Somerset
b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town)
write RURAL Small (Megless Lywn) 2,693, days	Crisfield
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)	d STREET ADDRESS e 15 RESIDENCE
Deer's Head State Hospital	11:0 Maryland Avenue ON A FARM? YES NO E
3 NAME OF First Middle	Last 4. DATE Month Day Year
OECEASED (Type or print) RICHARD HARVEY	NELSON DEATH 11 6 1967
S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Igst birthday) Months Days Haurs Min
M W WIDOWED DIVORCED	May 3, 1942 lost birthday) Months Doys Haurs Min
10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR	11. 8IRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT
during most of working life, even if retired) INDUSTRY NONE	Crisfield, Maryland U.S.A.
13 FATHER S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Ada Nelson
IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give wor or dates of service) No	mer NelsonR.F.D., Crisfield, Md.
18. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c)) PART I. DEATH WAS CAUSED 8Y:	INTERVAL BETWEEN ONSET, AND DEATH A A A A A A A A A A A A A A A A A A
HAME DATE CAUSE (a) Bronchopneumoni	a 2 days
332.10	
Conditions, if any, which gave (b)	
stating the underlying cause DUE TO	
last.	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
Muscular Dystrophy	PERFORMED?
20g ACCIDENT WAS UNDERLYING \(20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part Lar Part Laf Item 18)
Muscular Dystrophy 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c Time OF ALURY Manth, Doy, Year Hour a m. 20d INJURY OCCURRED While Not While	
3 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e P	ACE OF INJURY (Hame, form 20f (City or town) (Caunty) (State)
Hour a m. While Not While	ictary, street, office bldg., etc.)
p.m. 17 at wark 🗀	Town 00 10/0 N - 10/0 N
21 I certify that (1) (this haspital) attended the deceased fram	June 22 , 1960 to November 61967, that (4) (we) las
	at death accurred at 8.25AM, fram causes and an the date stated above
220 SGMATURET COLVER COCT	AD ATTENDING MED DIRECTOR STAFF 22b. DATE SIGNED 11/6/67
22c PHYSICIANS / NAME (Type) C. H. Winnacott, M. D.	22d ADDRESS Maryland Deer's Head State Hospital, Salisbury,
23a BUR AL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY O	
Buria (pecity) Nov.8,1967 Asbury Ceme	Cost of the Ma
24. FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE
Bradshaw & Sons Crisfield,	Md. DATE NOV 17 1967 Octionles Judge
	DAIL TOUT I

10 HOLPHAL OR ATTEMBING FILVIICEM: The law requies that the death certificate be executed within-24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely falled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers Pages I and shauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, withma72 hours after death Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

19155

- 1			CERTIFICATE	UF DEATH					
			MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived yland	i, if institution Res b COUNTY	wicom	_	
b. CITY OR TOWN (If outside corpor write RURAL Stat 12 30001) d. NAME OF HOSPITAL OR INSTITUTI Deer's He 3. NAME OF DECEASED (Type or point) S. SEX 6 COLDR DR M 100 JSUAL DCCUPAT DN (Give kind of w during most of working life, even if retire Maintenance man 13 FATHER'S NAME Olaf Olson 15 WAS DECEASED EVER IN US ARMED (Yes, no, or unknown) (If yes give worker was a series to immediate cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONC Diverticulos: 200 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (FITHER NOT FY MEDICAL EXAMIN) 20c TIME OF INJURY Month Day Hour o.m. p.m. 21. Leertify that (2) (#	b. CITY OR TOWN (if outside corporate limits, write RURAL Stat 1 ve alones from)	c LENGTH OF STAY IN 16 211 days	c. CITY OR TOWN (If ou Sali	tside corporate l'mit Sbury	s, write RURAL and	give neares	t tawn)		
1	(d. NAME OF HOSPITAL OR INSTITUTION (If not in h Deer's Head Sta	ospital, give street address) te Hospital	d STREET ADDRESS	E. Church	n Street		IS RESIDENCE ON A FARM? YES NO	
	- (DECEASED (Type or poort) STEPHEN	Middle J. OLS	Last SON	4. DATE OF DEATH	Month	Day 8	Year 19 67	
		M W wi	DOWED DIVORCED D	ecember 26,	<u> 1900 66</u>	yrs Month		F UNDER 24 HRS Hours Min	
	duri M	laintenance man	ION KIND OF BUSINESS OR INDUSTRY Gas Company	Boston, Ma	ssachuset	1.7	COUNTRY?	WHAT	
	0	Olaf Olson	16. SOCIAL SECURITY NO 17	Rose Galla	her	à diana			
	(Ye	es, na, ar unknawn) (If yes give war ar dates af servi Yes War II	(e) 220-10-9825A 4	NFORMANT Irs. Minnie 26 E. Churc	P. Olson h St., Sa	(Wife) lisbury,	Mary	land ERVAL BETWEEN	
		PART I. DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Terminal Bronchopneumonia							
		Candultans, if any, which gave (b) Chronic pyelonephritis						ears	
	last. (c)							WAS ALITORS V	
1	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES 7 NO							
		200 ACCIDENT WAS UNDER YING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOT FY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part 1 or Part II of 1	tem 18)			
	MEDICA	p.m. 19	White Mat While at work A fact	CE OF INJURY (Hame farm ary, street, affice bldg , etc.)		or tawn)	(County)	(State)	
		21. I certify that (2) (this haspital) attended the deceased from April 11, 1967, to November 81967, that (1) (we) last saw the deceased alive an November 8, 1967, and that death accurred at 3:154 M, from causes and on the date stated above.							
		ATTENDING MED DIRECTOR DIRECTOR DIVERS 11/8/67							
		22c PHYSICIAN'S (NAME (Type) C. H. Winna	cott, M. D.	Deer's He	ad State		yland , Sal	isbury,	
		BUR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Nov. 11.19			23d LOCATION Salisbu	' '	(County)	' '	
2	24	FUNERAL DIRECTOR HOLLOWAY & COMPANY	ADDRESS	1	BY REGISTRAR			Justine.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or ottending physician. by the fuse. hours ofter TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within It in

VR A15 (4) 25M 1/67



15M 7 821

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

15156

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Wicomico Maryland	e. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (II outside corporate limits, wrste RURAL and give neerest town)
Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
Peninsula General Hospital	Zion Road YES NO
3. NAME OF First Middle DECEASED	WILLIE) OWENS 4. DATE Month Day Year WILLIE) OWENS DEATH November 18 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1 isst birthday) Months I Dave Hours Min
	ebruary 18, 1886 81 yrs.
done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Wicomico County, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wesley Owens	Elizabeth Elliott
[Yes, no, or unknwn] [(Ifyes give war or dates of service)]	Mr. Everett Owens (Son)
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) }	Hammond Street, Salisbury, Maryland RERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (8)	Cardiac Failure ONST AND PATH
t DUETO Anteniosclerat	ic Heart Disease Sev. Yrs.
Conditions, H eny, which (b) Hypertension	I I I I I I I I I I I I I I I I I I I
gave rise to immediate cause Type Tuesta Tues	'√ ± ∞1 ' ♣
(a), stating the underlying DOE 10 cause last.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0 -	VES TO NO THE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH 801 NC PUT MONARY CONC. S. T. ON ALIPE CITE 200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING COLUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER;	(Enter nature of injury in Part or Pert ol stem 18)
20c, TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20e PLA	ACE OF INJURY (Home, term, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
as II as a Title at a set (I) (this has a trained at the decreed from	November I 1907, to NOV. IB, 19.67 that (1) (we) last
saw the deceased alive on NOV	death occurred at 2:1/0 from the causes and on the date stated above.
220. SIGNATURE JON RENK TEMBER "	ATTENDING MED. STAFF SIGNED
22 PHYSICIAN'S NAME (Type)	22d, ADDRESS
Dr. G. Herbert Sembly	400 E. Church Street, Salisbury, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
Burial Nov. 21, 1967 Wicomico Memor	ial Park Salisbury, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25b. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY, SALISBURY, MARYLAN	ID DATE NOV 21 1961 flowers from

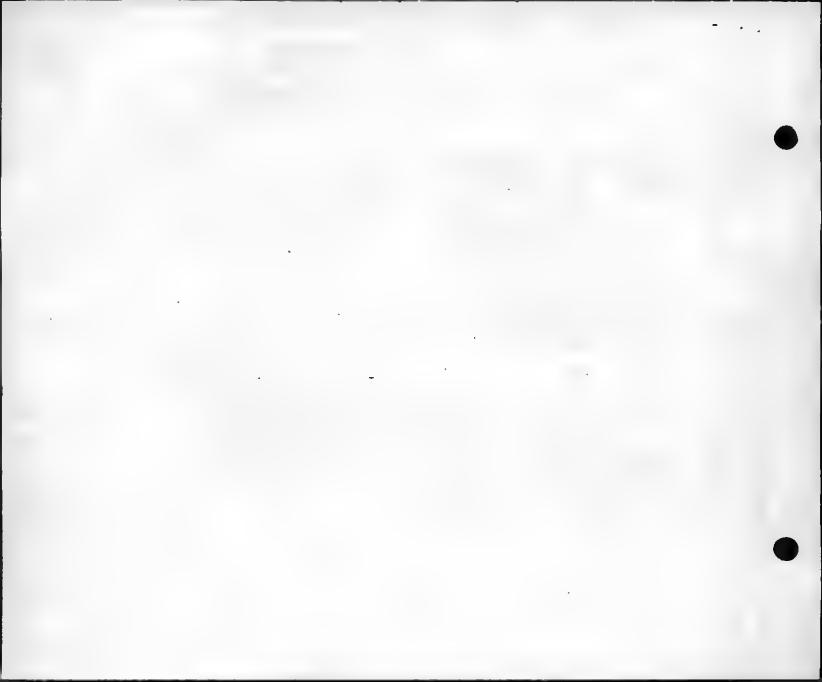


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.

CERTIFICATE OF DEATH

13157

WAA I					GRICITION	OF OFFICE
de and de		LACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Funeral and er deol	a	. COUNTY W:	icomico		MARYLAND	o. STATE Maryland b. COUNTY Somerset
the faces softe	Ь	. CITY OR TOWN (f autside corparate limit	s,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
by the fur s Pages 1 hours ofter		Salisb	give nearest tawn)			Crisfield, (Main Street)
E 55 E	d	NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, g	ive street address)	d. STREET ADDRESS Resident of:
illedan apapers frim 72 h		Penins	ıla Gener	al Ho	spital	John B. Parsons Home (6 yrs.) YES NO
	3. 1	IAME OF DECEASED		rst	Middle	Last A DATE Manth Day Year
orb nt, v	(Type or print)	FAN	NIE	(NMI)	Parks OF November 8 1967
ve c	5 5	EX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In Under 1 April 23.1874 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Mann In Under 1 April 23.1874) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Mann In Under 1 April 23.1874)
b out		emale	White		DIVORCED _	
e re lin c	10a duai	USUAL OCCUPATION or most of working	l (Give kind of work done life, even if retired)		ND OF BUSINESS OR Dustry	11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY?
cion	_		life, even if retired)			Somerset County, Maryland USA
d L		FATHER'S NAME				14 MOTHER'S MAIDEN NAME
Table Table		homas E.				Isabelle Lankford
signed by the ottending physician and completely filled signal-transit permit. Then please remove carbon, paper burial, cremation, or removal, and in any event, within 72	15. (Yes	WAS DECEASED EVE no, or unknown) O	R IN U.S. ARMED FORCES? (If yes give wor or dates	of consisold	-54-9825J1	NFORMANT Records of John B. Parsons Home, Salisbury, Md Mrs. Wilbert Coulbourne, Crisfield, Md.
per ion		IR CAUSE OF D	ATH (Enter only one co			(niece) Interval Between
signed by the burial-tronsit burial, cremati		PART I. DEA	'H WA'S CAUSED BY- IMMEDIATE CAUSE	()	na & fevis	Heart Failure ONSET AND DEATH
tron	П	7200	DUE	(9)	1/ 1	
Paria i	H	Conditions, if any	which gave	(b) (2)	trioscle	rotic Heart Dissone
E E Sir		rise to immediat stating the unde				
as the prior to		last.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(c)		
has been se as the th prior to	_	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING, T	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
e h e h	CERTIFICATION	Futs	spiral	Obst	ruction	YES NO NO
certificate thed far u		20g ACCIDENT WA	UNDERLYING CAUSE OF DEATH	205. DES	CRIBE HOW INJURY OCCURR	RED (Enter nature of injury in Part I or Part II of item 1B.)
erti.			MEDICAL EXAMINER)			
this certi detached te Dept. of	MEDICAL	20c TIME OF INJI	IRY Manth, Day, Year	20d IN While	JURY OCCURRED 20e.	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
de de	¥	p.r	10	at work		
After d be c e Stote		21. I certi	fy that (I) (this ho		led the deceased from	n_/VOV-3 , 1967, to_/VOV 8, 1967, that (1) (we) last
# de #	П		eceased alive on_	NOU	719 <u>67</u> , ond	that death occurred at 618/4 M, from couses and on the date stated above.
	П	22a. SIGNATURE	P	01	100	M.D. PHYS. MED. STAFF 22b. DATE SIGNED MED. PHYS. DIRECTOR PHYS. DIVINE PHYS. DIVI
ed	П	22c. PHYSICIAN'S	comas	C. /	ice ni	M.D. PHYS. DIRECTOR LI PHYS. LI // - 8 - 6 /
P P P P		NAME (Type		1. 1.11	Je 0	Pine Bluff Road, Salisbury, Md
J FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	22~	BURIAL, CREMATIO		IFPFOF	23c. NAME OF CEMETERY	
3 E E E	230.	REMOVAL (Specify	\			
255	24	FUNERAL DIRECTO	R	0, 190/	Crisfield_C	1 2C DEC'D DV DECICTOAD 2Ch DECISTOAD C SIGNATURE
VR A15 (4) 20 M 1/66				Y, SALI	SBURY, MARYL	AND DATE NOV 9 1967 Harries Judge



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

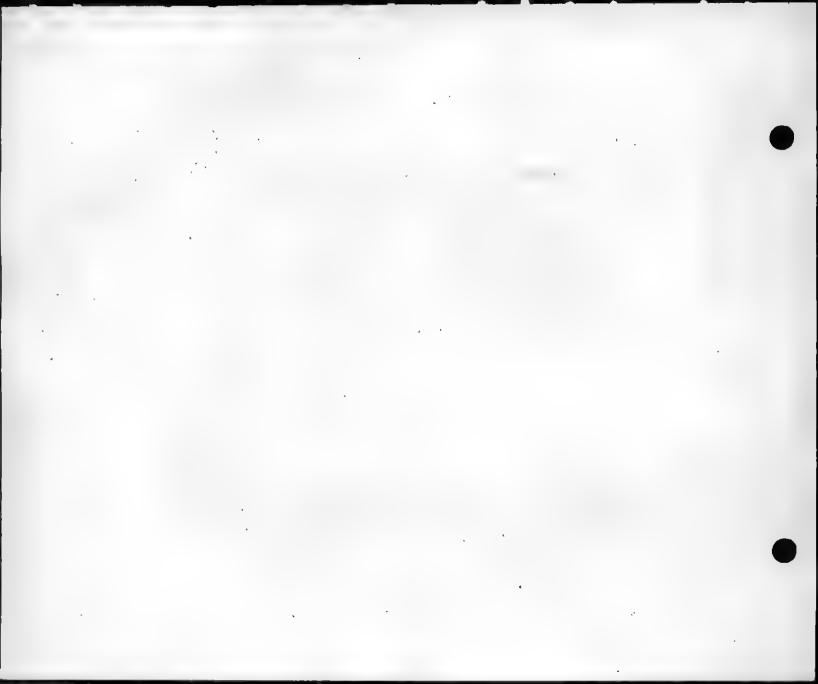
		E 5169 CER	TIFICATE OF DEAT	H	17158
death death		LACE OF DEATH COUNTY Wicomico	g SAATE	ENCE (Where deceased lived, if institute b. COUNTY LAND	
requires that the death certificate be executed within 24 hours after a physician signed by the attending physician and campletely filled in by the further signed by the attending physician and campletely filled in by the further burds-transit permit. Then please remave carban paperst Pages is burial, crematian, ar removal, and in any event, within 72 hours after		CITY OR TOWN (If autside carparate limits, write RUBAL and give nearest town)	AY IN 16 CITY OR TOWN	(If autside carparate limits, write RUR	(AL and give nearest tawn)
rin 24 ha filled in b papers thin 72 hd		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address Peninsula General Hospita	d. STREET ADDRE		e IS RESIDENCE ON A FARM? YES NO X
within 24 ho stely filled in reban papers t, within 72 h		AME OF First Middle (SECASED) (You or print)	Parsons	4. DATE Mont OF DEATH NOVC	
icate be executed within sician and campletely follows remaye carban I, and in any event, with	S	EX = 6. COLOR OR RACE 7 MARRIED NEVER MAI		9 AGE (In yeors lost outboday) yrs	F UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min
ate be exection and college remainant	dur		NE PITI	County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
certificate by physician Then please moval, and	L	FATHER'S NAME SRIVEST B. WHITE	14. MOTHER'S MA	ey PHILLIPS	
equires that the death certific physician signed by the attending physburial-transit permit. Then phurial, cremation, ar removal,	15. (Yi	WAS DECEASED EVER IN U.S. ARMED FORCES? , and or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY M 17 - 36-76	0. 17. INFORMANT DZ9NR.ELT	ON CARSONS	BERLIN MD.
that the an by the c rransit p crematio		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ral Her	nouleage	INTERVAL BETWEEN ONSET AND DEATH
equires t physicia signed b burial-tr burial, cr		Conditions, if any, which gave (b) (b)		0	
The law recattending phas been sie as the bhe priar tab		stoling the underlying cause (c)			
Cale SHE	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT			19. WAS AUTOPSY PERFORMED? YES NO
LO (O (O) .		OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ury in Part I or Part II of item 18.)	
by the has by the has lifter this ce be detache State Dept.	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur a.m. 19 20d. INJURY OCCURRED While at work at work	20e PLACE OF INJURY (Home factory, street, office bid		(County) (State)
FE Ped		21. I certify that (I) (this hospital) attended the deceasow the deceased alive on 1966	and that death accurre	ed of 45 M; fram causes	and on the date stoted above
ITAL OR ATT may be retain RAL DIRECTO page 3 sho be filed with 1		220. SIGNATURE 0) LLLU	M.D ATTENDING PHYS 22d. ADDRES	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be file	L	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF REMOVAL (Specify)		,	LLE MIE MD
VR A15 (4) 20 M 1/66	24	Ama A. Burage &	uli md DAT	MOV 2 1 1937	GISTRAR'S SIGNATURE



NO 😓

MARYLAND STATE DEPARTMENT OF HEALTH

20 M



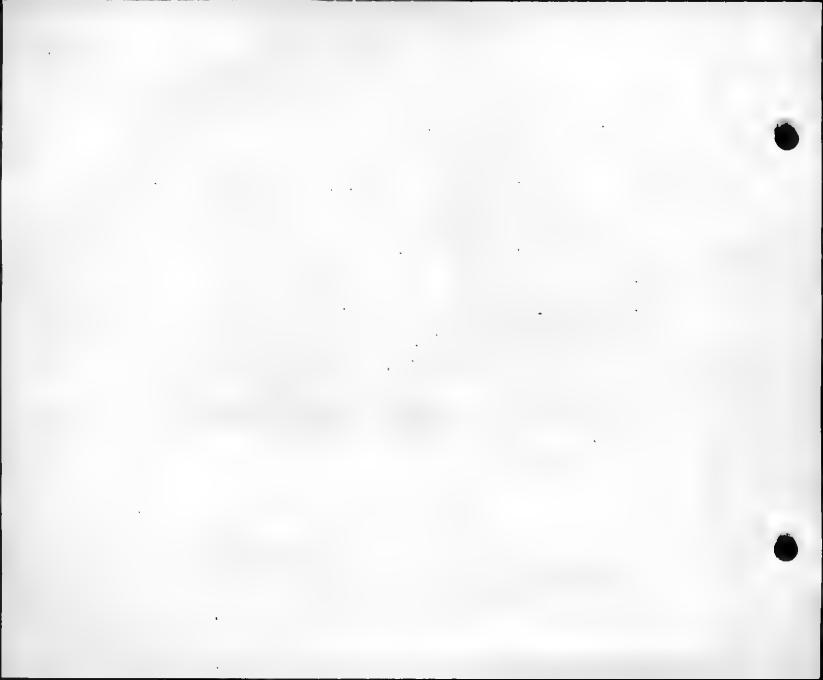
VR A15 (10)

	5177	CERŢIFIÇAT	E OF DEATH		19720
	CE OF DEATH		2. USUAL RESIDENCE (Where de	sceased Irved, If institution: Resid	ence before edmission
b. CIT	Wicomico TY OR TOWN (if outside corporate limits,	MARYLAND	e. STATE Maryland c. CITY OR TOWN (If outside corp	b. COUNTY Wicom orate limits, write RURAL end giv	
	write RURAL end give nearest town) Mardela AME OF HOSPITAL OR INSTITUTION (If not Maple Shade Nursit		Powellville d. STREET ADDRESS In village	2	o. IS RESIDENC
3. NAN	VE OF	M ddls	Last 4. DATE	Month Da	YES NO
	EASED MARY	WHITE	POWELL OF DEATH	November 23	1967
	male White win	OWED DIVORCED D	ecember 27,1883	AGE (In years IF UNDER 1 YEA Hest birthday) 3 yrs. Honder Days	R IF UNDER 24 HRS
Ho	ring most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR	Wicomico County,		OF WHAT COUNTR
	HER'S NAME		14. MOTHER'S MAIDEN NAME		
1	muel B. Brittingham S DECEASED EVER IN U.S. ARMED FORCES?	14 FOCIAL FECURITY NO. 17	Emma Rotinds	4.4.1	-
(Yes, 16)	or unkown) (If yes give war or dates of zervice)	000 FO 0070 M	rs. Lemuel P. Dryde 06 Hillside Drive,	en (Daughter)	.1
(e),	ditions, if any, which e rise to immediate cause stating the underlying to last. PART II OTHER SIGNIFICANT CONDITIONS	Oraclas	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 3(a)	19. WAS AUTOPSY PERFORMED? YES NO X
1 ". "	ACCIDENT WAS UNDERLYING [206. CONTRIBUTING [CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Peri I or Peri II	of riem 18)	,
AEDICAL AEDICAL	Hour e.m.		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	y or lown) (County)	(Stete)
	l certify that (I) (thus hospital) at the deceased alive on.				
	PHYSICIAN'S	lman M	D ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF Novemb	22b. DATE SIGNI De 128./19
	NAME (Type) Dr. H. S. Kut		Sharptown, M		
REMO	RIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	0.41	ATION (City, town or county)	(State)
	ITTAL Nov. 26, 19	067 Parsons Ceme:		bury, Maryland	LATURE
	OLLOWAY & COMPANY, SA			367 Acharles	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1.43.00 E gran

MARYLAND STATE DEPARTMENT OF HEALTH "Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16161 CERTIFICATE requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) p. COUNTY Wicomico MARYLAND outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 write RUPAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) filled*in e. IS RESIDENCE ON A FARM? d. STREET ADDRESS and in any event, within 72 Peninsula General Hospital NO L carban 3 NAME OF DATE Month Doy Year DECEASED (Type or print) DEATH F UNDER 1 YEAR IF UNDER 24 BRS 9. AGE (In years SEX DATE OF BIRTH 6. COLOR-OR RACE 7. MARRIED NEVER MARRIED plast burthday) Months Hours DIVORCED WIDOWED physician and 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCJPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) mott of working life, even if retired) 13. FATHER'S NAME as been signed by the attending physi as the burial-transit permit. Then pl priar ta burial, crematian, ar remaval, INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war or dates of service) INVERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per liper for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? be detached for use State Dept. af Health NO TO FUNERAL DIRECTOR: After this certificate 20a ACC-DENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) Haur a.m. Nat While factory, street, office-bldg, etc.) at wark at work 21. I certify that (I) (this haspital) attended the deceased fram 196 directar, page 3 shauld should be filed with the saw the deceased alive on and that death occurred at 1/25, M. fram couses and an the/date stated above. 22b DATE SIGNED 22o SIGNATURE MED DIRECTOR STAFF PHYS. M.D. 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) E0 M 1/66



FOR STATE

necessary, please execute the certificate writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page any delay is 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

Health priar to burial, cremation, ar removal, and in any event within 72 hours after death.

VR A15ME (5) 6M 1/67

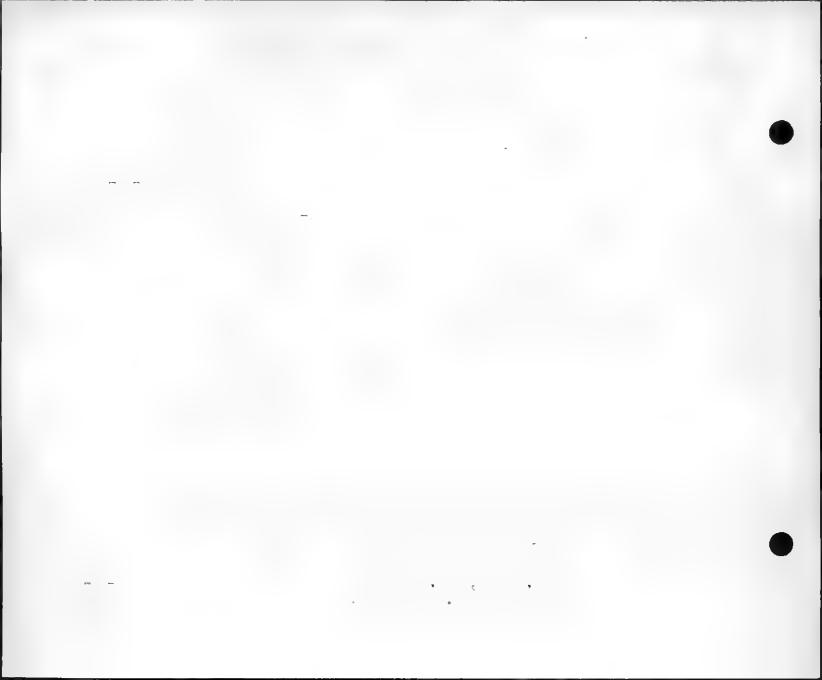
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	~		1	0	
ž	0	1	1	Z	

		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased ved, if institution Residence before admission)								
	0	a. COUNTY	Wi	o. STATE Maryland b. COUNTY Worcester								
	b	b CITY OR TOWN (14 outside corporate limits, write RURAL and give neprest town) Sellsoury C LENGTH OF STAY in 16					c (ITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Berlin					
	d		AL OR INSTITUTION (If no	it in hospital, gr	ve street address)		d. STREET ADDRESS				e IS RES	IDENCE
		Peninsula General Hospital					Holly Grove YES NO					
	3. NAME OF FIRST			Middle		Last	4 DATE OF	Am				
	(Type or print) Edward						Purnell DEATH 11-13-					
	5. 5		6 COLOR OR RACE	7. MARRIED [NEVER MARRIED		B. DATE OF BIRTH	9	AGE (n years last birthday)	Months 1	Oovs Hours	R 24 HRS
		M	C	WIDOWED [DIVORCED		1-26-03	(SLL Yrs.			,
	10o durii	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100 KIND OF BUSINESS OR INDUSTRY					11 BIRTHPLACE (Stote		COUNTRY?			
	13	FATHER S NAME		14. MOTHER'S MA DEN NAME								
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) (16 SOCIAL SECURITY NO 17 INFORMANT Address											
		INTERVA. BETWEEN ONES AND DEATH Solutions, if ony, which gave nse to immediate cause (o). (c) (c) (d) (d) (e) (b), ond (c) (d) (e) (f) (f) (h), ond (c) (f) (f) (f) (f) (f) (h), ond (c) (f) (f) (f) (f) (f) (f) (h), ond (c) (f) (f) (f) (f) (f) (f) (f)										
- SYPA COSOLO COLOR OLO LA LA COLOR										19 WAS AU		
											PERFOR YES X	NO
200 EXTERNAL CAUSE WAS PRIMARY I OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 200 EXTERNAL CAUSE WAS CAUSE OF DEATH.												
	20c TIME OF INJURY Manth, Day, Year 20d N.LRY OCCURRED 20e PLACE OF INJURY (Hame, farm, factory) (Caunty) (While not Work of work of work										(Stote)	
	21. I certify that I took charge of the remains described obove, held an Autopsy [X], Inspection [X], Inquiry [X], death resulted from Natural causes [X], Accident [], Suicide [], Hom cide [], Undetermined manner []											ond in my
		ACTUAL SIGNATURE M.D. ASSISTANT MED CAL EXAMINER 22. DATE SIGNED										
		EXAMINER'S NAME (Type)	Earl L. Ro	yer, M.	C . C			AL EXAM NER -		11-11	1-67	
	230.	BURIAL CREMATIO REMOVAL (Specify	N) 4236 DATE TR	1.67	230 NAME OF CEMP	EXA OR	est. School	23d 100	ATION City or I	ve U	(aunty)	(State)
	24	FUNERAL DIRECTO	R		ADDRESS		25a RêC DATE	NOVE 2	1967	EGISTIARS SIG	NATURE JAC	del



FOR STATE PM3 Page

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any delay is and 3 ta 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 haurs after death

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages.

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with

CAL EXAMINER: This certificate shauld be executed within 24 hours after death life

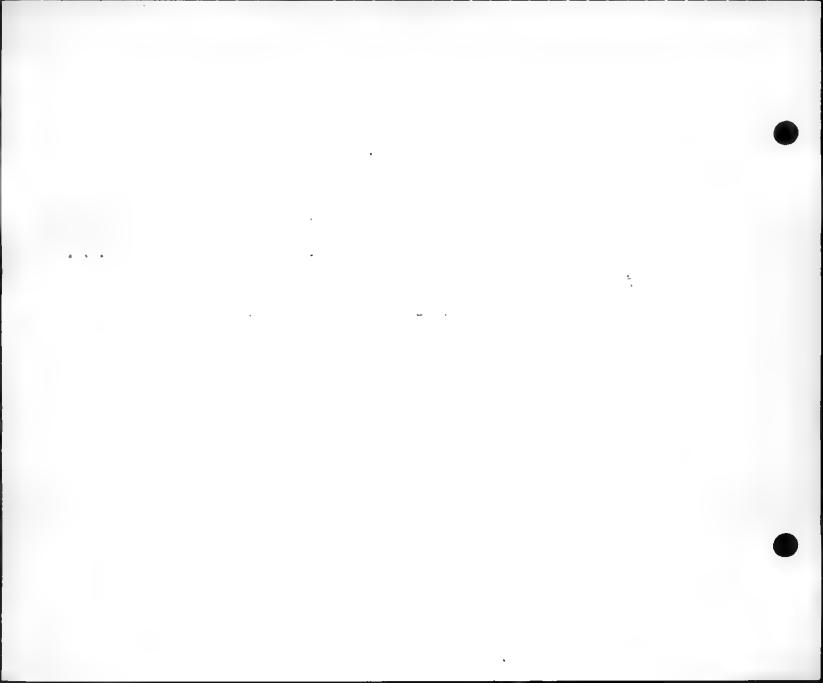
TO DEPUTY ME

VR A15MA (6)

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS,

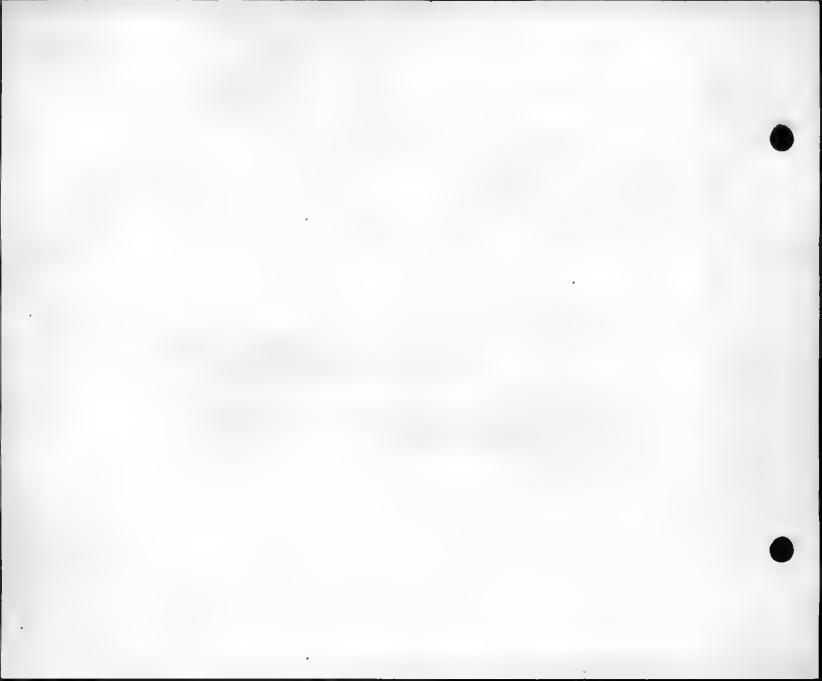
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		15										
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)									
	a. COUNTY Wicomico MARYLAND					O STATE Maryland b. COUNTY Wicomico						
	b CITY OR TOWN (If autside carparate limits,			c LENGTH OF STAY IN 15		c CITY OR TOWN (If outs de carparate limits, write RURA, and give nearest tawn)					1)	
	write RURAL and	rsbury	Salisbury									
	MAME OF HOSPIT	AL OR INSTITUTION (If not in	haspital, give	street address)	d STREET ADDRESS e IS RES DENCE							
		insula Genera			Α.	232	Haze1	Ale.		YES [A FARM?	
	NAME OF	First		Middle		Last	4. DATE	Mo	nth	Doy	Year	
	DECEASED (Type or print)	ANDREV	1	GEORGE		RAAB	OF DEAT	DEATH November			1967	
S :	SEX	6 COLOR OR RACE 7 /	MARR ED	NEVER MARR ED	3	DATE OF BIRTH		9 AGE (n years	IF JNDER 1		DER 24 HRS	
	Male	White W	DOWED 📋	DIVORCED [5	Feb.29,1921	4	last birthday)	Months	Doys Hou	irs Min	
10a	JSUAL OCCUPAT OF	(Give kind of wark dane		OF BUSINESS OR		11 BIRTHPLACE (State		country)		ZEN OF WHAT	Г	
P.	ng most of working lant Mana	lite, even it ret red)	Chemi c	cal Co		Maryland				S.A.		
	FATHER'S NAME	11 01	TOHERITA	VAL., VV ,		14. MOTHER'S MAIDEN	NAME			D-pH-p		
	Benjamin					Magadalena Brichtner						
15 (Va	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates af serv	16 SOCI	AL SECURITY NO	17	INFORMANT Address						
(10	No	(in les diss and of poles of self	216-	16-4470	M	rs Alice E	Raab	232 Haz	el Ave	Salis	burv	
	18. CAUSE OF D	EATH (Enter anly one cause pe	r line far (a)	(b), ond (c).)						MTERWAL	RETWEEN	
		TH WAS CAUSED BY IMMEDIATE CAUSE (o)		ergrange		Orch	~			ONSTIAN	DEATH	
	4201	DUE TO					-					
	Conditions, if ony)						
	rise to Immediate cause (a), Stating the underlying cause DUE TO											
Н	lost	(c) _										
2	PART II OTHER SI	GNIFICANT CONDITIONS CONTR	BUTING TO D	EATH BUT NOT RELATER	D TO T	HE TERMINAL DISEASE CO	ND T ON G	/EN IN PART I(o)		19 WAS A		
MIN.										YES	PRMED?	
IFIC	20a EXTERNAL CA		20b DESCRI	BE HOW INJURY OCCU	RRED (Enter noture of injury in	Port I or Po	ort II of item 18.)			- 62	
CERTIFICATION	PRIMARY I or CO CAUSE OF DEATH	NTRIBUTING 🗆			,	. ,		,				
MEDICAL		JRY Manth, Day, Year	20d. INJUR	Y OCCURRED 20	e PLAC	E OF INJURY (Hame, farn	n, 20f.	(City or town)	(Coun	nty)	(State)	
MED	Hour o.r	rry, street, office bldg., etc.)		,							
П	p.m. 19 at work at work at work at the remains described about held as Automy (1) deposition (V) inquiry (V) and in my opinion											
	21. I certify that I took charge of the remains described above, held an Autapsy , Inspection X, Inquiry X, and in my opinion death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined manner											
ш	dedili leson	No in the	7	Accident,	2010			II	ligititet			
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE S									ATE SIGNED		
	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER									/1067		
	MAME (Street rity town or county)											
230	BURIAL CREMATIC	IN. 23b DATE THEREOF	200	3c NAME OF CEMETER	Y OR (OCATION (City or T	own) (County)	(State)	
	REMOVAL (Specify Burial	Baltimore Maryland					,j					
24	FUNERAL DIRECTO	/ 11/15/67		250 REC'I	D BY REG S		REGISTRAR'S SIG					
	Leanand	DATENOV 13 1967 yearnes year										
	Teoming of	J Ruck Inc.	או כטכו	ST TOT A MA		DAILING	74 7 0	100	7	1		

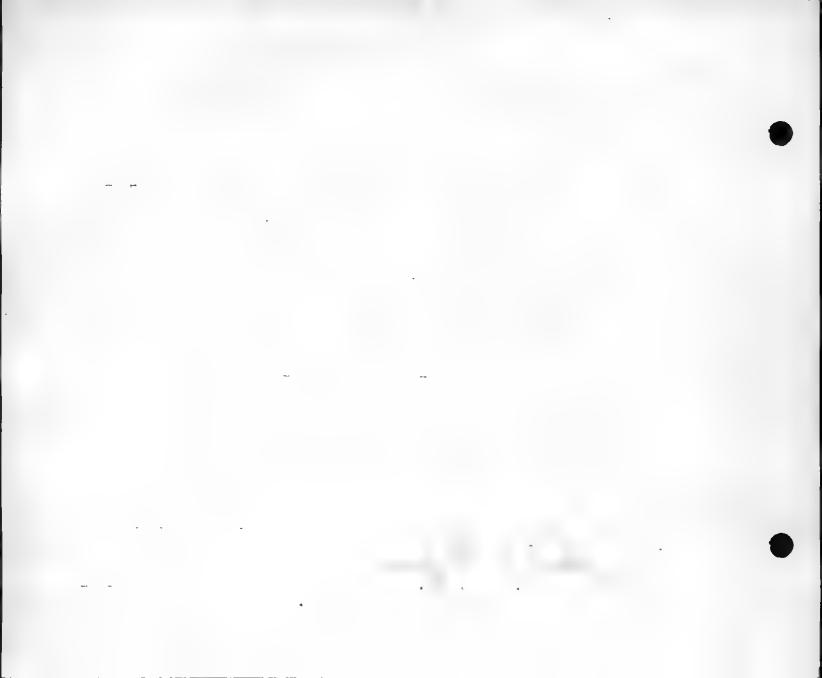


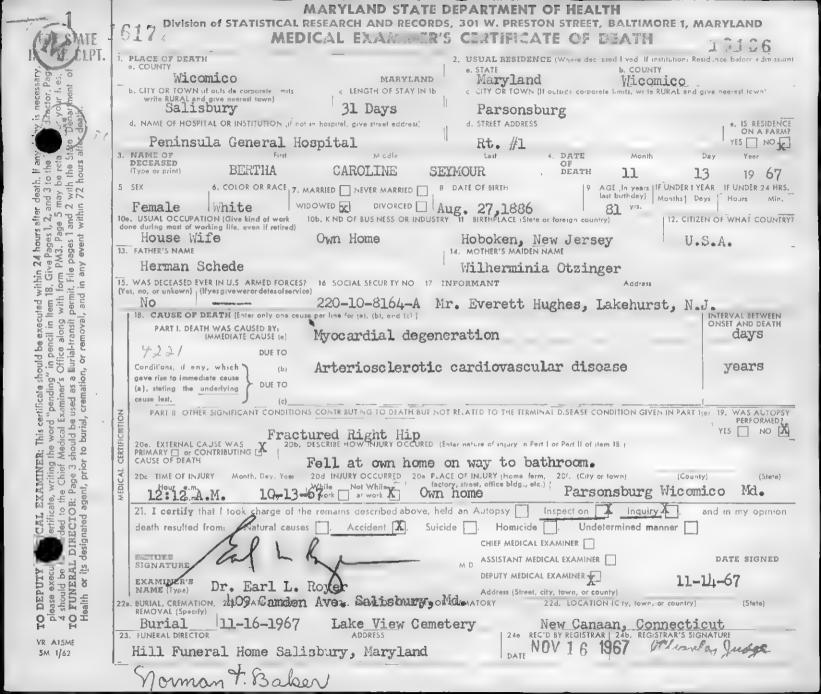
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15164 CERTIFICATE OF DEATH and 2 **OR ATTENDING PHYSICIAM:** The low requires that the death certificate be executed within 24-haurs after death funeral I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Wicomico Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURA) and give nearest town) write RURAL and give nearest town) Salisbury hours Girdletree d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? papers. d. STREET ADDRESS Peninsula General Hospital YES | NO 😾 3 NAME OF Middle 4 DATE Month Lost DECEASED (Type or print) SARAH BURR November DEATH 19 S SEX 9. AGE (In years 6. COLOR OR RACE 1F JNDER 1 YEAR NEVER MARRIED XX 8. DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED last birthdoy) Hours White in any Female WIDOWED DIVORCED 10b. KIND OF BUSINESS OR al 10o USUAL OCCUPATION (Give kind of work done Worcester County, 12 CITIZEN OF WHAT during most of working life, even if retired)
BOOKKEEPER COUNTRY? Business Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, George W. Redden Ella Lankford attending present. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, go, or unknown) (If yes give wor or dotes of service) G. W. Redden, Jr., 64-10-4968 Girdletree 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) burial-transit PART . DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Signed Conditions, if only, which gove rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPS this certificate has PART II. OTHER SIGNAFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CHUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) detached MEDICAL 20¢ TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased fram was vs 1966 to 1200013 saw the deceased alive an Plove 1967, and that death accurred at 7550M, from causes and an the date stated above. O FUMIRAL DIRECTOR: 225 DATE SIGNED MED. DIRECTOR directar, page 3 shavid be filed v PHYS 22d. ADDRESS O HOSPITAL NAME (Type) Charles W. Trader, M.D., 302 IMarket St., Pocomoke, Md 23c NAME OF CEMETERY CIT DEPRESATORY 230 BURIAL CREMATION. 23b. DATE THEREOI 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Spring Hill Cemetery Girdletree - Wor. 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Pocomoke City, Md.



MARYLAND STATE DEPARTMENT OF HEALTH 04 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13165 MEDICAL EXAMINER'S FOR STATE HEALTH DEPX PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE b. COUNTY 2, and 3 to P.M.B.- Page Wicomico Maryland Worcester 5 MARYLAND delay b CITY OR TOWN (.f outside corporate .imits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) Salisbury Berlin d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? should be farwarded to the Chief Medical Examiner's Office along with farm. NO P Peninsula General Hospital Route # YES State NAME OF Middle Lost 4 DATE Month Doy Year DECEASED 0F Purial-transit permit. File pages land 2 with the William Richardson 11-19-67 (Type or pnet) Harper 19 DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH AGE (In years 7 MARR ED NEVER MARRIED birthdoy) 1ost Dovs Hours in any event within 72 haurs after death. WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 1Db KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY BERLIN 1.5 DINSTRUCTION 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RUSON WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI (Yes, no, agunknown) [[If yes give war or dates of service] INTERVAL BETWEEN ONSET AND DEATH Sudden 18 CAUSE OF DEATH (Enter only one couse per tine for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Coronary occlusion writing the ward DUE TO Conditions, if any, which gove (b) Arterio-sclerotic cardio-vascular disease Years rise to immediate cause (a). DUE TO stating the underlying cause and GS O last. nsed 19 WAS ALTOPSY PERFORMED? crematian, ar remayal, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) please execute the certificate, NO X pe 2Do EXTERNAL CAUSE WAS 20b. DESCRIBE HOW IN. JRY OCCURRED (Enter noture of njury in Part I or Part II of item 18.) 3 shauld PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: files. CAUSE OF DEATH. MEDICAL 2De PLACE OF NJURY (Home, form, 2Dc T ME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED (City or fown) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) FUNERAL IIMECTOR: Page While Not While of work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X and in my opinion Inquiry burnal, the funeral director. death resulted from Natural causes / Y Accident Suicide Hamicide Undetermined manner CHIEF MED CAL EXAM.NER 2 ACTUAL 22. DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE Health prior é DEPUTY MEDICAL EXAM NER EXAMINERS L. Royer. Earl 11-20-67 NAME (Type) Address (Street, city, town, or county) 23o . BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) S ■ FMORIAL ADDRESS FUNERAL DIRECTOR 2SO REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15ME (5) 6M 1/67



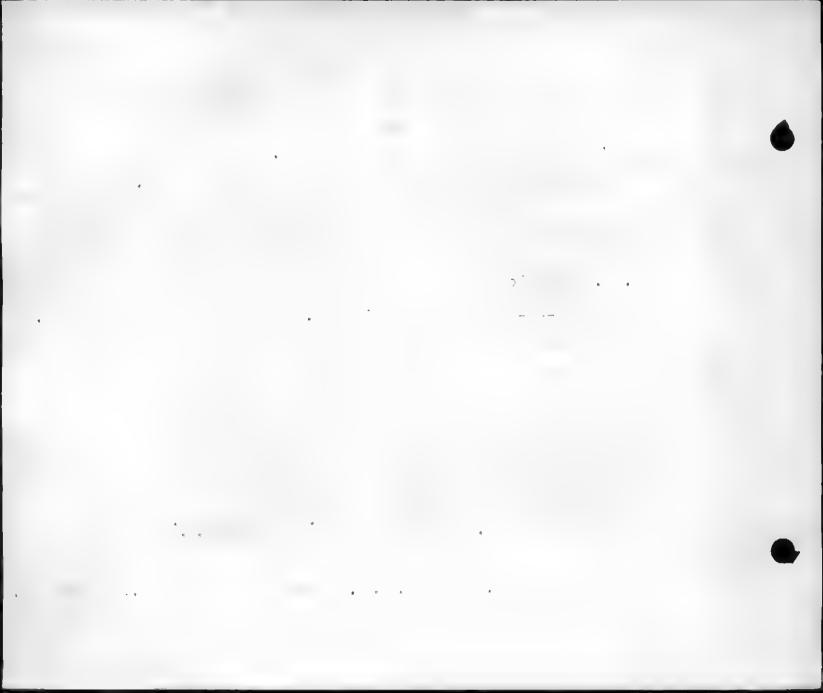




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

N		.02.0			CERTIF	CAIL	OF DEATH			10	167			
		PLACE OF DEATH		· - · · · · · · · · · · · · · · · · · ·		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)								
	o. COUNTY WICOMICO			MARY	MARYLAND 0. STATE MARYLAND 0 CO				WORCESTER					
	b	b. CITY OR TOWN (II	c. LENGTH OF STAY II	l lb	c. CITY OR TOWN (II	and give neares	t town)							
-	write RURAL and give nearest town) SALTSBURY			47 days	J.7 dam		Snow Hill							
	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give			give street address)	re street address d. STREET ADDRESS				8 IS RESIDENCE ON A FARM?					
1		Deer's Head State Hospital					207 W. Federal Street				YES NO TO			
		NAME OF DECEASED		rst	Middle		Last	4. DATE	Month	Day				
	((Type or print)	LILLIE		MAE		ERK EY	DEATH	Nov.	17	1967			
	S. S	SEX emale	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		R. DATE OF BIRTH	9	AGE (In years II	F UNDER 1 YEAR Aonths Days	IF UNDER 24 HRS. Hours Min.			
			White	WIDOWED	Laby		9/26/78		89 yrs.					
	1Do durii	USUAL OCCUPATION ing mast at warking t	(Give kind of work dane		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (Coun	12 CITIZEN OF COUNTRY?						
		Housew1	.fe	01	wn Home		Snow Hi		USA					
	13. FATHER S NAME							14. MOTHER S MAIDEN NAME						
			Layfiel6				Matild	la Tra						
	15 (Yes	WAS DECEASED EVEN	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)	SOCIAL SECURITY NO.	17 H	NFORMANT		Address					
	(No	M	_ 2	125611931		Mrs Emil	v Sta	rk Snow	H411	_Md			
			ATH (Enter anly one cau	se per line for	(a), (b), and (c).)						ERVAL BETWEEN			
			H WAS CAUSED BY: IMMEDIATE CAUSE	(a) BR	oncito t	NR	uplon'	17		GN	SET AND DEATH			
DUE TO CONTROL									,		He.			
		Conditions, if any, which gave not to immediate course (a), (b) ON thick cleans a Carache No. 15												
		stating the underlying cause Due to												
		last	}	(c)										
	<u> </u>	PART IN OTHER SIG	GNIFICANT CONDITIONS C			ATED TO T	HE TERMINAL DISEASE C	ONDITION GIVE	N N PART 1(a)	19	WAS AUTOPSY PERFORMED?			
. 4	ATE	() The	eleci e s	Wes	esel les		da en a	大小小	15	YF	ES NO			
	CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING I		20b. DE	SCRIBE HOW INJURY OF	CURRED.	Enter nature of injury i	in Part I ar Par	t II of item 18.)					
	5	(IF EITHER, NOTIFY A												
	MEDICAL	20c. TIME OF INJU	RY Manth, Day, Year	1411	NJURY OCCURRED		E OF INJURY (Hame, la 1ry, street, alfice bldg., et		(City or town)	(County)	(State)			
	×	p.m	10	While at wark	k A at While A	Idele	iry, sineer, drince blog., er							
1		21. I certif	y that (1) (this has	pital) attend	ted the deceased	fram	Oct. 2	1967- 1	Nov. 17	, 19 47 , th	nat (I) (we) last			
		saw the de	ceased alive an 1	Vov. 17	<u>1967,</u> a	nd that	death accurred a	11:50/4	P from causes an	d an the date	e stated above.			
		226. SIGNATURE	+41	1.	Vil	1	ATTENDING	MED.	STAFF -	22b. DATE SIGN	**			
		-U.S.	Ke s H U	Jimn	· Cus	-A M.D	. (),,,,	DIRECTOR	PHYS E	11/18/	67			
,		22c. PHYSiCIAN S NAME (Type)	Charles	Н. Міт	nacott, M.	D	22d. ADDRESS	Hand Od	had Tr	0.1.1	200			
	200								tate Hosp.					
	230.	BURIAL, CREMATIO BUPIAL BUPIAL	N, 23b. DATE TH		23c. NAME OF CEME	TERY-OR	REMATORY 27		CATION (City or Town)	(County)	(State)			
	24	BUPIAL DIRECTOR		0/67	Makamie Presbytzorkien REGISTRAR 256. REG					SISTRAR'S SIGNATURE				
	24.	TONERAL DIRECTOR	2/		MUURESS	11.1	2 22 112			Acce. "				
9	1	MANNE	T. Willman	2	ow Hill 1	16/	DATE	NOV 2 1	1967 K		6 0			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hadrs after death TO MOSPITAL OR ATTEMBRIG PHYLICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

73 1

CERTIFICATE OF DEATH

16168

- 1						2 - 0				
ī	o. COUNTY WICON	1100		2. USUAL RESIDENCE (W	Where deceased lived, if institution Res	sidence before odmission)				
\vdash	b. CITY DR TOWN (If outside		MARYLAND c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	write RURAL and give in	egrest town)	1,644 days		ridge	9110 11001031 10W(I)				
H		NSTITUTION (If not in hospitol,		d STREET ADDRESS	- Luge	e IS RESIDENCE				
1		's Head State	ar ·		unns Lane	ON A FARM? YES NO				
-	NAME OF	First	Middle	Lost	4. DATE Month	Doy Year				
	DECEASED (Type or print)	DOROTHY		LLWOOD	OF 11	26 19 67				
3	SEX 6. COL	OR OR RACE 7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS hs Doys Hours Min.				
Т	F	C WIDOWED	DIVORCED	NOV. 10. 189	3 lost birthdoy) Mont	hs Doys Hours Min.				
1	Do. USJAL OCCUPATION (Give ki	ind of work done iDb K	IND OF BUSINESS OR			COUNTRY?				
	uring most of working life, ever LABORER	(intellieu)			R CO. MD.	USA				
	3. FATHER S NAME			14 MOTHER'S MA-DEN N						
		ORGE DEMBY		SARA						
П	(If yes g	ive war or dates of service)		INFORMANT	Address					
			14-07-8836	SARAH LEWI	S PAULADELE					
	18. CAUSE OF DEATH (Er PART DEATH WAS	rter only one couse per line for				INTERVAL BETWEEN ONSET AND DEATH WOOKS				
	, t	MMEDIATE CAUSE (0)	epticemia			weeks				
ı	Conditions, if only, which gove) Loculated abscess in culdesac (rupture of the									
ı	rise to immediate course (a). (DIE to Cecum 9-18-67) with a fistula to the uninary									
	stoting the underlying couse bladder course bladder									
,	PART II OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDIT ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?				
	Generalized	arterioscler	osis and chro	nic nephritis	3	YES X NO				
CERTIFICATION		E DF DEATH	ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in F	Port I or Part II of item 18)					
ALCENICAL.	2Dx TIME OF INJURY Mor Hour o.m. p.m.	eth, Doy, Yeor 2Dd While of wo	e Not While fo	IACE OF INIURY (Home, form octory, street, office bldg., etc.)		(County) (State)				
	21. I certify that saw the decease	21. I certify that (4) (this haspital) attended the deceased from May 27 , 1963, to November 26 1967, that (4) (we) lost saw the deceased alive on November 26 1967, and that death occurred at 8:50AM, from courses and an the date stated above.								
	220 SIGNATURE									
	22c. PHYSICIAN S NAME (Type)A	C. Mitchell, N	M.D.	22d ADDRESS Deer's He:	ad State Hospital	Maryland Salisbury,				
1	30. BUR AL, CREMAT ON,	23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City or Town)	(County) (State)				
	11/29/67	BURTAL	257911		CAMBRIDGE	DOR. MD.				
	24. FUNERAL DIRECTOR	(1)	ADDRESS		BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE				
+	11.1.1.1.1	Wed a 1	CAMBRIDGE NO	/ Dark! O.\	120 1967	and the freehold				

1 ond 2 diter deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Inoth certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers—Tage should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the state Dept. VR A15 (4 25M 1/67

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE	-	1	J.	-	Ü
HEALTH IDEM	1. F	LAC	ΕO	F D	EAT

2, and 3 to PM3. Page uny Jelay is

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10109

	-								
	1. PLACE OF DEATH 0. COUNTY Wicomico MARYLAND				a. STATE Maryland b. COUNTY Wicomico				
	. 1	b CITY OR TOWN (I	f autside carparate lim. give nearest town) I 1 S DUL Y	is,	C LENGTH OF STAY N IL C CITY OR TOWN (IF a		utside carparate limits, write RURAL and	1 give nearest town)	
	- (L OR INSTITUTION (If it	ot in hospital, g	rve street address)	-	d STREET ADDRESS	,	e IS RESIDENCE ON A FARM?
		Pe	ninsula Ge	neral H	ospital		204	Chestnut-way	AFZ NO 🔽
	1	NAME OF DECEASED (Type or pant)		irst R I NA	Middle LYNN		SMITH	4. DATE Month OF November	Doy Year 6 19 67
	S :	sex emale	6 COLOR OR RACE White	7 MARRIED WIDOWED	The second secon		DATE OF BIRTH ay 2, 1967	9 AGE (In years IF UN Ment	hs Days Hours Min.
	dun n	ing most of working l	(Give kind of wark dane ite, even if retired)		ND OF BUSINESS OR DUSTRY			, Maryland	2 CT ZEN OF WHAT COUNTRY?
		FATHER'S NAME					14. MOTHER'S MAIDEN		
		loward Da	le Smith	T 16	SOCIAL SECURITY NO.	17 IN		Edna Bozman	
	(Ye		(If yes give war as dates		SOCIAL SECORITY NO.	1 2	fr. Howard 204 Chestnu	D. Smith (Father) it-way, Salisbury,	Maryland
			ATH (Enter only one co H WAS CAUSED BY IMMEDIATE CAUSE		(a), (b), and (c).)	رو	hen ston.	- left	INTERVAL BETWEEN ONSET AND DEATH
ŧ		Conditions, if any, rise to immediate stating the under last	which gave)	(b) E TO (c)				V	
1	ATION	PART II OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO TH	IE TERM NAL DISEASE CO	NDITION G VEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES X NO
	CERTIFICATION	20g. EXTERNAL CA PRIMARY 25 GCO! CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY OCC	URRED (E	nter nature of in vry in	Part I ar Part II of item 18)	
ýř.	MEDICAL	20c. TIME OF INJU Haur on	10	20d 11 While at war	Nat While		OF INJURY (Hame, farr y, street aff ce bldg, etc		(County) (State)
		21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X. and in my apinion							
		death result	ed frame Natur	al causes [, Accident	Suicio	Annaham c	Annual (
		ACTUAL SIGNATURE	/foul /	- Kn	1		CHIEF MEDICAL ASSISTANT ME	DICAL EXAMINER	22 DATE SIGNED
ì		EXAMINER'S NAME (Type)	Earl L. Ro 409 Camden	yer, Ma	0. Jalisbury,	Md.	DEPUTY MEDIC	AL EXAMINER No.	ov. <u>9</u> /1967
	230	BURNAL CREMAT C	N, 23b DATE TH		23c NAME OF CEMETE		REMATORY	23d LOCATION (City or Town)	(County) (State)
0		REMOVAL (Specify Burial		, 1967	Parsons Co	emet	ery		land
8	24	FUNERAL DIRECTO			ADDRESS MADV	1 A NID	N	D BY REGISTRAR 1967 REGISTRA	RS SIGNATURE
		HOLLOWAY	& COMPANY	, SALI	SBURY, MARY	LAND	DATE	7 10 1041	0

VR A15ME (5)

5 may be retained for your files.

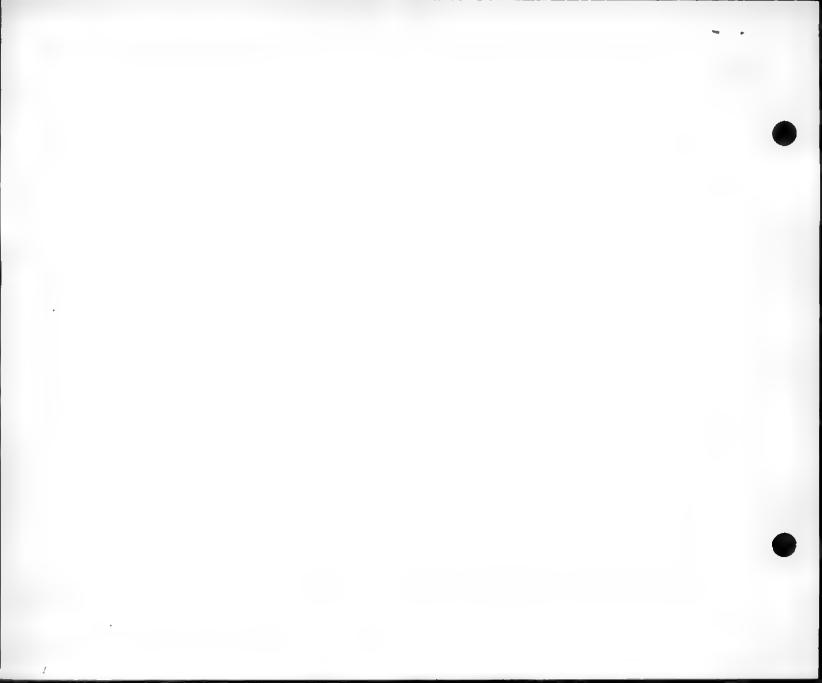
TO FUNERAL DIRECTOR: Page 3 should be used as buriol-transit permit. File pages Lond 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pagas. I

TO DEFEITY MERCAL EXAMINES:

This certificate slimuld be executed within 24 llaurs after dinath if



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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13170

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY p STATE b COUNTY Wicomico Florida Department of MARYLAND b CITY OR TOWN (It outside carporate limits, & LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) South Bay d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A EARM? General Delivery Peninsula General Hospital not all YES NO Stote Poges 3. NAME OF Middle 4 DATE Month Year Eirst Lost DECEASED Smith 11-Give Jason 19 (Type or print) DEATH should be forwarded to the Chief Medical Examiner's Office olong 8 DATE OF BIRTH 9 AGE (n years E UNDER 1 YEAR FUNDER 24 HRS. permit. File pages 1 and 2 with 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X last birthdoy) Months Hours event within 72 hours after death. WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during post of working life, even fretired) rarming in pencil 13 FATRER'S NAME 14 MOTHER'S MAIDEN NAME Den deliver WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) burnal-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY Peritonitis IMMEDIATE CAUSE (o) writing the word DUE TO any Conditions, If only, which gove Perforation of colon davs rise to immediate couse (o). .⊑ DUE TO stoting the underlying couse 0 lost. Ulcarative colitis Sa month S 19 WAS AUTOPS or removal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED CERTIFICATION the certificate, 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of fem 18) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home form 20¢ T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Hour am factory, street, office bidg , etc.) may be retained for your FUNERAL DIRECTOR: Page Not While in Page of work at work 21. I certify that I took charge of the remains described above, held an Autopsy [and in my apinian Undetermined manner funeral director death resulted from Natural Jauses Accident Suic de Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 11-7-67 Earl L. Royer. DEPUTY MEDICAL EXAM NER T EXAMINER'S Health NAME (Type) Address (Street, city, town or county) 1.09 Camden Salisbury, the 23b DATE THEREO BURIAL CREMATION (Stote) 500 REMOVAL (Specify) FUNERAL DIRECTOR 24 VR ATSME (S) 6M 1/67

This certificate should be executed within 24 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. (M)		1S182 CERTIFICATE OF I	DEATH	16171
offer death		COUNTY 0. STA	ATE B. COUNTY	Residence before odmission)
iffer effur fifer	-	Wiconico MARYLAND CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 CLITY O	DR TOWN (If outside corporate limits, write RURAL of	WICO mico
		write RURAL and give nearest town) Salisbury Salisbury	TZITSCALY	,
4 h			T ADDRESS	e IS RESIDENCE On a Farma
fillec	_		Wantica Uloso	AE2 WO
with refar refar t, with		AME OF First Middle Le ECEASED YPE or print) AUC TO TO TO TO TO TO TO TO TO T	OF DEATH Movemb	Doy Year 28 19 6 7
uted imple ve ca even	5.		F BIRTH . 9 AGE (In years IF	NDER YEAR IF UNDER 24 HRS
exected to contract of the con	1	emale white widowed Divorced 10/2	-7/18/8 7 YIS	
cate be executed within 24 ha ican and completely filled in lease remove carban papers. and in any event, within 72 h	duri	g most of working life, even if settred) / INDUSTRY	HPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
ficat ysich plec al, at	13		HER'S MAUJEN NAME	,
cert.	16	John C. Vorter Ore	36eccI Smit	<u></u>
equires that the death certificate be executed within 24 haurs physician. Signed by the attending physician and completely filled in by burial-transit permit. Then please remove carban papers. Pabural, crematian, ar remaval, and in any event, within 72 house	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMAN 17 INFORMAN 18 po, or unknown) (If yes give wor or dotes of service)	MSRGEHT FOR SI	1/36an, Md-
t the at the at sit per		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY	CTA - TI	CILLINTERVAL BETWEEN CONSTITUTED TO THE CONTROL OF ATH
that an. by the rans crem		IMMEDIATE CAUSE (o)	to the American	**
requires that figures that the physician signed by the burial-transit burial, cremains		Conditions, if any, which gove) (b)	PalacolXA	arthur
		rise to immediate couse (a), DUE TO City Linds and Miles	aluatro to	
e law r tending us been as the priarta		lost. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	JAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS ALTOPSY
E a 도 S 도	ATION		7-1	PERFORMED? YES NO
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CICAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter notus	re of injury in Port I or Port II of item 18.)	
HYSIC haspi is certi rathed	MEDICAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY		(County) (State)
6 = ± = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ± € = ±	MED	Hour a.m. 19 While Not While of work of work	office bldg , etc.)	/
= T		21. I certify that (I) (this hospital) attended the deceased from 11/1/18 saw the deceased glive on 19 and that death	76 , 19 , to 1/2 0 //c	19, that (I) (we) last on the dote stated abave.
R ATTEND retained to the standard to the standard the swith the S		22o. SIGNATURE		22b. DATE SIGNED
- W		Curie Leuman. ATEN	LA DIRECTOR L. PHYS. L.	
SPITAL O 4 may be IERAL DII ar, page Id be filed		22c. PHYSICIAN'S PARTE HIZARW 22d.	226 N. Dines	in 80 Sale
O HOSPITAL Page 4 may O FUNERAL director, pag	230	BURIAL CREMATION, 23b DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY PRINOVAL (Specify)		(County) (Stote)
2227	24	FUNERAL-DIRECTOR ADDRESS A		RAR'S SIGNATURE
VR A15 (4)		(/ W/ssell BUZIVE, M.		confer Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Lems #8 & Film #339 | 1/16/67 ph

CERTIFICATE OF DEATH 83 6172 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside comprate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate (mits, write RURAL and give nearest town) wr te_RURAL and give nearest town) Salisbury e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Peninsula General Hospital YES NO ₹ NAME OF Middle DATE Month Doy Year Last DECEASED 5 19 60 DEATH (Type or prin!) IF JNDER 1 YEAR IF UNDER 24 HRS AGE (n years SEX DATE OF BIRTH 6 COLOR OR RACE MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life jeven if refreed), 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY INDUSTRY 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address SÓCIAL SECURITY (Yes, no, or unknown) (If yes give wor ar dates of service) INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per tine for (9), (6), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause la st WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) YES 🗌 NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e, PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town)

20f

STAFF

PHYS

2Sb

(Stote)

saw the deceased alive on

24. FUNERAL DIRECTOR

21. I certify that (1) (this-baspital) attended the deceased from

at work

Not While at wark

ADDRESS

factory, street, office bldg, etc.)

ATTENDING

22d. ADDRESS

PHYS.

M.D.

and that death accurred at 10 20 M. fram causes and on the date stated above.

22b DATE SIGNED

19___, that (I) (we) last

22a SIGNATURE

22c. PHYSICIAN'S NAME (Type)

Hour o.m.

23g. BURIAL (REMATION 23b. DATE THEREOF PEMOVAL-(Specify)

234 NAME OF CEMETERY OR CREMETOR

23d. LOCATION (City of Town)

136

MED

2So REC'D BY REGISTRAR

DANUY

DIRECTOR

REGISTRAR S

(County (State)

SIGNATURE

executed within 24 hours after death

requires that the death certificate be

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospitol or attending physicion.

hos been the

TO FUNERAL DIRECTOR: After this certificate

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use

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detached

shauld

director, page 3 shauld should be filed with the

State Dept. of Health prior to

completely filled in by the funeral love corbon papers. Poges 1 and

signed by the attending physician ond completely fill burial-transit permit. Then please remove corbon p burial, cremation, or removal, and in any event, withi

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papers. Pog hin 72 hours

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VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Months Doys Hours Min			CERTIFICATE	OF DEATH	15173						
a. COUNTY WICOMICO b. CITY OR TOWN [If Justide Corporote Imms], write RURAL and give necess town) Salisbury Salisbury d NAME OF HOPSTRA OR INSTITUTION (If not it hospital), give street oddres) Peninsula General Hospital 3. NAME OF DECASE DECASE DECASE 6. COLOR OR RACE 7. MARRIED Modele Lest Month Month		1 6	PLACE OF DEATH	I 2 HISBAL RESIDENCE (Where decorsed lived if institution: Residence before admission)							
MARY AND b CITY OR FORM If author consider immets, write RURAL and give nearest forwith Salisbury d NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street oddress) 2 NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street oddress) 2 NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street oddress) 3 NAME OF DECKARD Pennisula General Hospital Ounntice Road 3 NAME OF DECKARD Pennisula General Hospital Ounntice Road 3 NAME OF DECKARD DECKARD DECKARD I SEX											
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PEMOVAI (Specify)											
ETIDOLIKA LIMPLIANI		23a		CREMATURY 23d. LOCATION (City or Town)	(County) (State)						
Cremation Nov. 11,1967 J. William Lee & Sons Washington, D. C.			Cremation Nov. 11,1967 J. William L	ee & Sons Washington, D.	C.						
24. FUNERAL DIRECTOR ADDRESS 250. RELD BY REGISTRAR 3 SIGNATURE		24			'S SIGNATURE						
HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE NOV 13 1961 Junes Junges				1 1111 1 3 1967 700	ares judge.						

TO INSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined to be the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

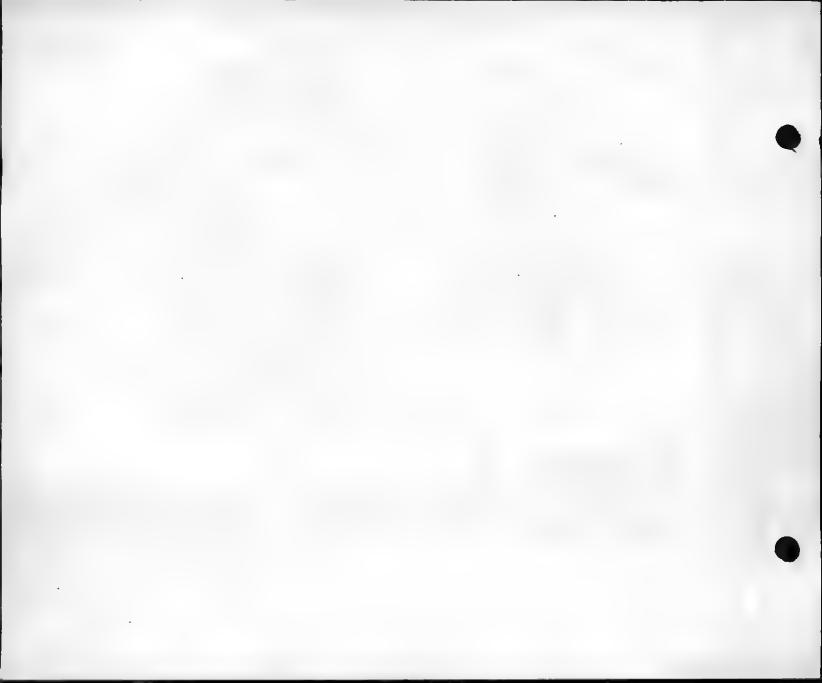
VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hayss after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.) o. STATE b. COUNTY o. COUNTY Wicomico MARYLAND completely filled in by the c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURA, and give negrest town? Salisbury e. IS RESIDENCE ON A FARM? signed by the attending physician and completely filled in burial-transit permit Then please remove carban papers) burial, crematian, or removal, and in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Peninsula General Hospital NO X 3. NAME OF Middle DATE Month Lost Doy Year DECEASED (Type or print) DEATH 19 DATE OF BIRTH AGE (In years YEAR IF UNDER 24 HRS. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Hours Doys WIDOWED DIVORCED C TIZEN OF WHAT 100 USUAL DECUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if Lety INDUSTRY 13 FATHER'S NAME 14. MOTHER S. MAIDEN NAME 6. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUE TO Birthwe 740gms 36 hr Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be detached for use as the State Dept, of Health prior to O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20n ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year ((ounty) Hour o.m. factory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased from director, page 3 shauld shauld be filed with the and that death accurred at 855 M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY 2So. RECD BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 255. VR A15 (4) 20 M 1/66 DATE

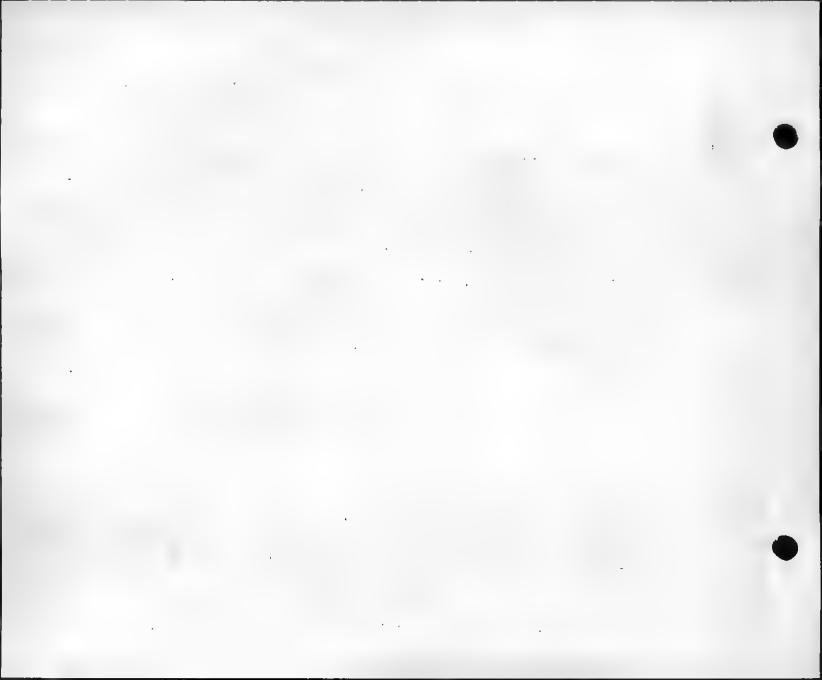


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16175 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Wicomico MARYLAND c. CITY OR TOWN of outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carporate limits, System S Dod pure pearest town) RL IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Peninsula General Hospital □ NO □ YES OATE NAME OF OECEASEO (Type or print) Day Year Middle Last First ELLEN 19 DEATH and in ony event, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH **NEVER MARRIED** SEX 7 MARRIED 6. COLOR OR RACE remove last birthday) Months Days Haurs WIDOWED DIVORCED 100 JSUAL OCCUPAT ON (Give kind of wark dane during most of working life, even if retired) 12. CITIZEN OF WHAT BIRTHPLACE (County & State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY HONU HALEV 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, or removal, DRRIS 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, a unknown) (If yes any war ar dates of service) INFORMANT 16 SOCIAL SECURITY NO. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), god (c).) ONSET AND OEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Page 4 may be retained by the hospital or attending physician. **OUE TO** Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse 3 should be detached for use as the with the State Dept. of Heolth prior to has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO FUNERAL DIRECTOR: After this certificate jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20f. (City or town) (County) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Hour a.m. Not While 19 67, ta (tall) attended the deceased fram OCT 21. I certify that (I) (this has 1, and that death occurred at 5 3/4 M, fram causes and on the date stated above. 196 saw the deceased alive an OU 22b. DATE SIGNED 220 SIGNATURE-MED. OIRECTOR ATTENOING PHYS. 11-9-67 M.O. director, page 3 **AODRESS** 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town DATE THEREOF (County) 23a. BURIAL CREMATION. 23b. REMOVAL (Specify) GREEN 25b. REGISTRAR'S SIGNATURI **ADDRESS** 24 FUNERAL DIRECTOR Meneral VR A15 (4) 20 M 1/66 198



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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13	世界			write RURAL and give nearest town)			**	2010		
Pau	せいま)	ŀ	d	Salisbury NAME OF HOSPITAL OR INSTITUTION (If not in hasp	ital, give street address)	d. STREET A		070		e IS RESIDENCE
24		_		· ·	,		DED	2		ON A FARM? YES NO 1
· <u>=</u>	7.2	-	2 1	Peninsula General	HOSDITAL I	Last	4. DATE	/ Mont	h.	Day Year
ŧ.	ban wit			CEASED 7	7.110.110		f DE		1	
pa	impleto ve carl event,		S. S	ype or print) OSCP/L X 6. COLOR OR RACE 7 MARI		DATE OF BI		9. AGE (In years	mpen	EAR IF UNDER 24 HRS.
XIIICUT	8 9 >). s	6. COLOR OR RACE 7 MARI		1-19-		last birthday)		ays Hours Min
that the dwath certificate be executed within 24 haurs after	physician and co en please remor aval, and in any	ľ	10a. dutu	ISUAL OCCUPATION (Give kind of work done amost of working life, even if retired)	DE KIND OF BUSINESS OR	II BIRTHPL	ACE (County & State, or	lareign cauntry)	12. CITIZE ÇOUN	EN OF WHAT TRY?
ate		Į,	L	arming	Kelired	JV.	a.		11	
黨	physi en pl aval,		13	ATHER'S NAME		14 MUTHER	S MAIDEN NAME	12112	24 2	
ē	E H	-	C		SENCE 16. SOCIAL SECURITY NO. 17. B	NFORMANT	ry C	Addre	1107	- 1"3
dinath	signed by the attending physisped by the attending physical-transit permit. Then purial, crematian, ar remaval,		(Ye	MAS DECEASED EVER IN U.S. ARMED FORCES? ga, ar unknown) (If yes give war ar dates af service)	10. SOCIAL SECURITY NO.	7/5	Powell	Dag	sbore	Del. 5
he	per fian	ŀ	1	18 CAUSE OF DEATH (Enter anly one cause per lin	ie far (a), (b), and (c).)				1	INTERVAL BETWEEN
at t	by the transit cremat		-	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Heart Failur	Q				ONSET AND DEATH
	tran-	- 1	-1	4 2 -/ DUE TO						
requiras physici	signed burial-ti burial, c		-1	anditions, if ony, which gave) (b)	ASCUD					years.
nba.				ise to immediate cause (a), DUE TO						O
N L	the rta			ost. (c)						
모	has been se as the h priar ta		_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	HE TERMINAL	DISEASE CONDITION GI	VEN IN PART 1(0)		19. WAS AUTOPSY
흔형		1.	CERTIFICATION	BPH = N	cremia dobs	tructe	ir wrop	atley		PERFORMED? YES NO
A S	Gard		뎶	20g. ACCIDENT WAS UNDERLYING 🗆 20	DE DESCRIBE HOW INJURY OCCURRED					
HYSICIA	ਰ ਦੇ ਜੋ			OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
PHYSICI Physicia	his certi etached Dept. af	- [MEDICAL	20c TIME OF INJURY Manth, Day, Year 2		CE OF INJURY		(City or tawn)	(Count	y) (Stote)
S	= 두호등		PAE		While Not While I facto	ary, street, affi	ce bldg., etc.)			
N A	After the de de e State			21. I certify that (I) (this hospital) a	ittended the deceased from	7-13-	47,19	to 1/-23	-2719_	, that (I) (we) las
E EN	ECTOR: / S shauld with the		- 1	21. I certify that (I) (this hospital) a sow the deceased olive on 12-3	3-67 19, and that	t death occ	curred at	M, fram causes	and an the	date stated above
AT	9 8 8 8		- 1	22a SIGNATURE	. 0	ATTENDIN	IG 🛏 MED.	STAFF -	22b DATE	
8 3	9 3 S S S S S S S S S S S S S S S S S S			Drouble Fitzen	Se M.D MI). PHYS.	J⊿ DIRECTOR	PHYS. L	7/1/-7	23-67
	AL L	Į.		22c. PHYSICIAN'S NAME (Type)		22d AD	DDRESS			
HOSPITAL	E E E	-	22.0	BURIAL CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR (PEHATORY	T 224	LOCATION (City or To	uml (C	ounty) _(Stote)
O HO	o FUNERAL Girector, p should be		200	REMOVAL (Specify)			CMETERY	1)	- 1111	0 - 12
20	- 5 2 1	-	28	FUNGRAL DIRECTOR	ADDRESS	^ A		TRAR CO 25b RE	EGIŞTRAR'S SIĞI	NATURE 3
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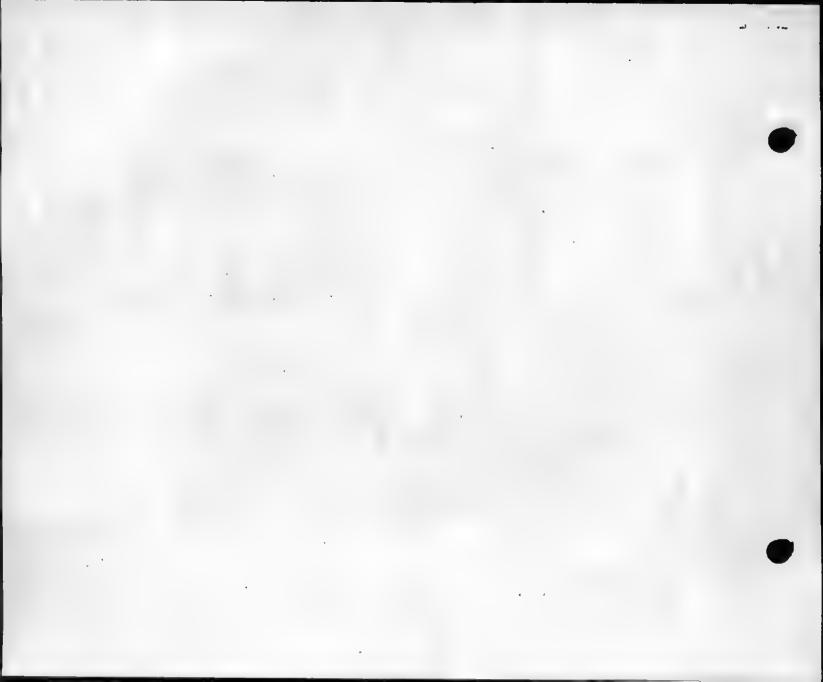


1	11	tems 18&21 Film 395 MARYLAND STATE DEPARTMENT OF HEALTH 1-27-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	15177 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13177	
HEALTH DEET	1	PLACE OF DEATH o COUNTY Wiccrnico MARY,AND 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY Maryland Wiccrnico	
- 5 5 E		b CITY OR TOWN (If outside carporate mits write RURA, and give nearest town) Salisbury C ENGTH OF STAY IN b C CTY OR TOWN (If outside carporate limits, write RURA, and give nearest town) Salisbury	
form P		d NAME OF HOSP TAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e S RES DEN ON A FART	M2 O
ofter death 18. Give Pages along with for with the Stote h.	3	NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED (Type or print) Mary Elizabeth Townsend DEATH 11-10-67 19	
hours ofter death 1f airy Item 18. Give Pages 1, 2, Office along with form P Land 2 with the State Depart or death.	5	SEX 6 CO.OR OR RACE 7 MARR ED 5 MARR ED 6 STANDARD 8. DATE OF B RTH 9 AGE (In years lost bribdoy) Months Doys Hours Doys Hours	Min.
24 hours in Item 11 r's Office es land 2 v	100 du	To US_ALOCCUPATION (Give kind of work done InDb KIND OF BUSINESS OR INDUSTRY INDUSTRY SNIP BURNEY SNIP BURNEY SNIP BURNEY SNIP BURNEY SNIP BURNEY SNIP BURNEY	
ed within 24 hours in pencil in Item 18 I Examiner's Office of Ite pages Land 2 v	13	4N KNOWN 14. MOTHER'S MAIDEN NAME / Rebn WALKER	
executed in Medical in Medical Extension Extension From within 72 (2)	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (1 f yes give war or dates of service) 16 SOCIAL SECUR TY NO 17 INFORMANT GRACE John Son #8 Floure Rd. Salisby	16
d be d "pe Chief fronsi"		18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c)) PART 1 DEATH WAS CAUSED BY Acute pyelonephritis—bilateral IMMEDIATE (AUSE (o) DUE TO INTERVAL BETWE	TH.
ing the		Conditions, if any, which gave nise to immediate cause (a), stating the underlying cause (b) DUE 10 (c)	
This certificat cate, writing be forwarded be used os cremovol, and	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLE ING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION G VEN IN PART 1(o) 19 WAS AUTOPS PERFORMED PERFORMED YES 1 NO	3 _
進 平 平 4	L CERT F.CATION	20b EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
M = 4 重 5 语	MEDICAL	20c TIME OF NURY Month, Doy Year Hour a m While of work of work 20e PLACE OF INLURY (Home, form foctory, street, office bldg., etc.)	ite)
P. P. P. C.		21. I certify that I taak charge of the remains described above, held an Autopsy A. Inspection M. Inquiry X., and in my ap death resulted from: Notural causes X., Accident, Suicide, Hamicide, Undetermined manner	inic
Y MEDIN , pleose ol direct e retaine al DIREC		ACTUAL SIGNATURE	GNE
	23	Examiner: Farl I. Royer, F. D. DEPUTY MEDICAL EXAM NER Address (Street, city, town, or county) BUR A. CREMATION, 235 DATE HEREO 235 NAME OF CYMPTERY OR CREMATORY 23d_OCATION (City or Town) (County) (Stote	re)
	L	REMOVAL (Specify) 11-15-67 GREEN ACRES SALS BUTTY - W. CO - Md.	,
VR ATSME (5) 6M 1/67		Locetta B. Solley 38 Lis Bury, Md DATE NOV 20 1967 yellowlas Judge	P



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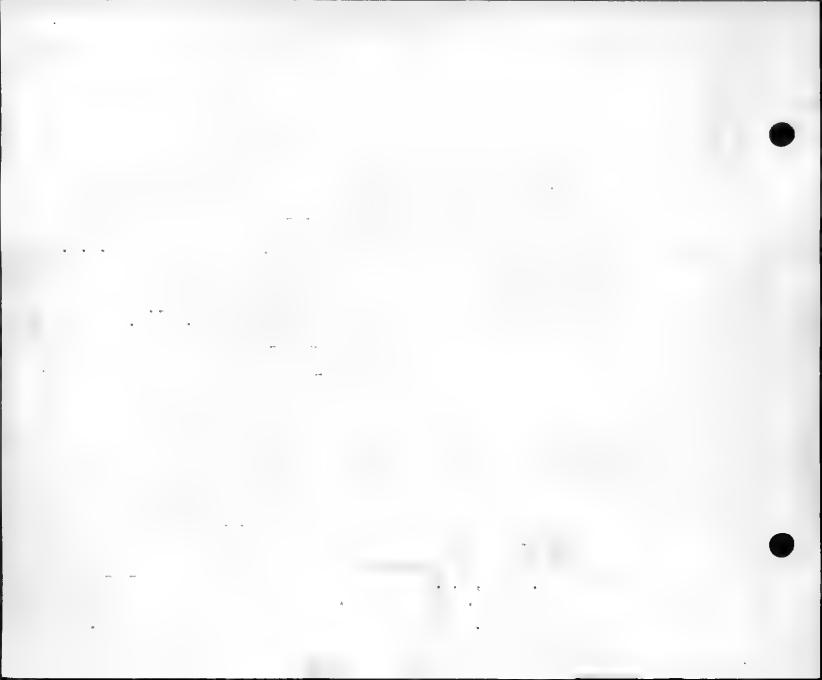
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission o. COUNTY **b** COUNTY Wicomico Maryland Wicomico MARYLAND b CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURA, and give neorest town) Salisbury 1 mon. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? and campletely filled Peninsula General Hospital 107 YES NO X Parsons St. carban NAME OF Midd.e Lost 4 DATE Month DECEASED NOVEMBER Margaret (Type or print) IF UNDER 1 YEAR 5 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** remave lost birthdoy) Doys Feb. 17, 1886 DIVORCED X WIDOWED 10a USUAL OCCUPATION (G.ve kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. physician c ease during most of working life, even if retired)
House wife Own Home New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy burial-transit permit. Then burial, cremation, ar remayal Henry FaircloughK Louise McDermott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na. or unknown) (If yes give wor or dates of service) NO 105-12-9400 B Mrs. Blanche C. Kielman 18. CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN the signed by the burial-transit ONSET AND DEATH ArTerioschen tic candi o vorceda IMMEDIATE CAUSE (o) by the haspital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the priar tal O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) MEDICAL CERTIFICATION be detached far use State Dept. of Health NO X 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City ar tawn) 20c. TIME OF INJURY Month, Day, Year (County) (State) foctory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) ottended the deceased from MAY, 1965, ta NOV 26, 1967, that (I) (we) last saw the deceased glive an NOV 25 1967, and that death occurred at 623/AM, from causes and on the date stated above , 1965, ta NOV 26, 1967, that (I) (we) last shauld 220 SIGNATURE 22b. DATE SIGNED ATTENDING 26 NOV67 director, page 3 shauld be filed v M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Robert Adkins Fruitland, Maryland 23d. LOCATION (City of Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) (County) REMOVAS (Sparity) 11/29/1967 Evergreen Cemetery Berlin, Maryland 24. FUNERAL DIRECTOR **ADDRESS** 25o, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Salisbury, Maryland Hill Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 RESTON STREET, BALTIMORE, MARYLAND 21201 P 113 " MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR\STATE** HEALTH-DEPI 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH b. COUNTY Wie omico o. COUNTY Maryland Wicomico 22. MARYLAND dalloy b CITY OR TOWN (if autside carporate imits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) OR S write RURAL and give nearest town) 2, onx Eden Salisbury d. STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Peninsula General Hospital Route # 1 Box 8 YES NO F Give Pages ofter death 3. NAME OF be forwarded to the Chief Medical Examiner's Office along with First Middle 4. DATE Month Year DECEASED lond2 with the William (Type ar pant) Herbert Ware DEATH 8 DATE OF BIRTH AGE (In years IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE NEVER MARRIED 7 MARRIED lost berthday) Days Hours WIDOWED DIVORCED any event within 72 hours after death 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT NDUSTRY TIRES U.S.A. during most of warking life, even if retired}
SALEMAN BARRE, MASS permit. Five poges 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME HERBert WARE EDITH BRIGHAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) MRS HERBERT BRIGHAM. "pending" HUBBARDSTON. MASS: 18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) ONSET AND DEATH **burial-transit** PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage = mid=brain writing the word Years Hypertensive cardio-vascular disease Conditions, if ony, which gove rise to immediate cause (a). <u>....</u> DUE TO stating the underlying couse gug 19 WAS AUTOPSY PERFORMED? prior to buriol, cremotion, or removal, PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) the certificate, YES X 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of stem 18) 3 should PRIMARY I OF CONTRIBUTING I should CALSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While moy be retoined for your FUNERAL DIRECTOR: Page at wark at work Inquiry X. 21 | certify that I took charge of the remains described above, held on Autopsy [X] Inspection X and in my opinion Natural couses AX the funerol director. deoth resulted from. Accident . Suic de 1 Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X 11-20-67 Earl L. Royer, M.D. EXAMINSR'S Health NAME (Type) Address (Street, city, town, or county) 23d LOCATION (City of Town) 50 17/25.196 LOUDON PARK CEMETERY BALTIMORE. 2Sb FUNERAL HOME VR A15ME (5) 6M 1/67 ANNE. MARYLAND DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10399 12/67 DE USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH COUNTY a. STATE b. COUNTY files. MARYLAND Wicomico Maryland Wicomico b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your write RURAL and give nearest town) Salisbury hrs.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3. Name of Peninsula General YES NO X Truitt Stat Hospital 4. DATE Day Month Year DECEASED OF (Type or print) DEATH 1967 WATSON ould be executed within 24 hours after death.
'in pencil in Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED With 72 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 906 last birthday) Months Min. within WIDOWED 8, 1967 Female White DIVORCED Sept. yrs. 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) event R.N. Retired Nurse U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME any Alfred Fisher Jennie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(If yes give war or dates of service) and H. Watson See #2 Charles 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN removal, INSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EXAMINER: This certificate should be ate, writing the word "pending" in penc **OUE TO** 6 used as a bu Conditions, if any, which (6) gave rise to immediate causa Examiner's DUE TO (a), stating the underlying used cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION ertificate, writing the word " reded to the Chief Medical Ex SECTOR: Page 3 should be u mated agent, prior to burial, PERFORMED? YES NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. MEDICAL should be for anded to the Chiramontal DIRECTOR: Page 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, While Not While factory, street office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 201. (City or town) (County) (State) at work Com at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquir and in my opinion or its designated Undetermined manner death resulted from: Matural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER please exect.
4 should be it
TO FUNERAL
Health or its SIGNATURE GEPUTY MEDICAL EXAMINER EXAMINER'S TO DEPUT S and dies (books only, town NAME (Type) Royer 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Parsons Cemetery Salisbury Mary 23. FUNERAL DIRECTOR VR A15ME 5M 1/62 Funeral Home Salisbury, Maryland

. and the second 7/45 21 7/46 . . . appropriate the Appropriate CVC attacked to the propriate CVC attacked to the CVC atta and the second second second The state of the s Tradule Centrols TARLES AT THEFT All the d'and a grand because it is a series as a seri

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15193

CERTIFICATE OF DEATH

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uneral uneral 1 and er decit		PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE b. COUNTY
fun fun		Wicomico MARYLAND	N. J.
Pages Pages Irs aff		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pages hours aft	П	Salisbury	Vineland
in by the			d. STREET ADDRESS ON A FARM?
filled in papers		Peninsula General Hospital	422 Reach St. YES NO
withi rely fi bon with	3,	NAME OF DECEASED A First Middle	Lost 4. DATE Month Day Year
campletely ave carban y event, will	L	(Type or print) Naomi C. W.	119115 DEATH /Vovember 13 1967
mp /e c	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
and cam remove 1 any ev	7	amale Negro WIDOWED DIVORCED	101/20, 1720 Tox yis.
be ex and e rem	10c	. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY	11. BIR/HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ficate by		Laborer Factory	111a. U.S.H.
physician ren please aval, and i	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
rear The programmer	-	John Cropper	Maggie Cunningnam
quires that the death certificate be executed within 24 hours after death physician. Signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers, Pages I and burial, cremation, ar remaval, and in any event, within 77 hours after death		and the state of t	Tormant I Simpson focumakes Md.
he of per tion	F	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
that the an. by the transit p		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Thermon	3 ONSEE AND DEATH
		260x	1300
requires g physicio signed burial-ti burial-ti		Conditions, it only, which gove	don Selays
		nise to immediate couse (a), Stating the underlying cause DUE TO	N Kum
ding ding ding the or to		last. (c) Wenna	1000
AN: The law rall and a stranding it at the stranding for use as the Health prior to	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THI	PERFORMED?
IAN: ral ar ficate far us Healt	E	20. ACCIDENT MACHINES (MIDES (MIDES (F)	YES NO The nature of injury in Port I or Port II of item 18.)
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	iner notice of injury in Fort to Fort it of item 10.7
PHYSICI e haspit nis certif rached Dept. af		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, form, 20f. (City or town) (County) (State)
유부부	MEDICAL	Hour o.m. While Not While factor	y, street, office bldg., etc.)
by there be start		p.m. 19 otwork otwork of work 19 otwork of work 19 otwork 19 otwor	11/21/ , 19 6 / to
== ~ ~		saw the deceased glive on 1 11 19 6 1, and that	death occurred at 4.44PM, from course and on the date stoted obove.
OR ATTENI be retained DIRECTOR: A ge 3 shaufd led with the		22o. SIGNATURE	22b. DATE SIGNED
or be re		M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
_ _		22c. PHYSICIAN'S	22d. ADDRESS
Poge 4 may To FUNERAL C director, pag should be fill		NAME (Type)	1
O HOSPII Page 4 m O FUNER director, should b	230	BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CR	REMATORY 23d. (O'ATION (City or Town) (County) (Stote)
5 5 5 p		purior 11-20-61 Halls Hill	I cemi I rocomoke Wor. 111a.
VR A15 (4)	24	I. FUNERAL DIRECTOR ADDRESS	250. REC'D, 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE